

Canadian Community Health Survey Cycle 3.1

DRAFT
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AGE WITHOUT CONFIRMATION (AWC)

AWC_BEG

AWC_R01 **For some of the questions I'll be asking I need to know ^YOUR2 exact date of birth.**

AWC_Q01 **What is ^YOUR2 date of birth?**

Call the Date block (see Appendix I).

AWC_C02B Calculate age based on the entered date of birth. See Appendix II for detailed specifications for calculating age.

AWC_Q02 **So ^YOUR2 age is [calculated age].
Is that correct?**

- | | | |
|---|--|-----------------|
| 1 | Yes | (Go to AWC_END) |
| 2 | No, return and correct date of birth | (Go to AWC_Q01) |
| 3 | No, collect age
(DK, R are not allowed) | (Go to AWC_Q03) |

AWC_Q03 **What is ^YOUR2 age?**

||_| Age in years
(MIN: 0) (MAX: 130)
(DK, R are not allowed)

AWC_END

GENERAL HEALTH (GEN)

January 19, 2004

GEN_BEG

GEN_C01 If (do GEN =1), go to GEN_END.
Otherwise, go to GEN_R01.

GEN_R01 **This survey deals with various aspects of [your/FNAME's] health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**
INTERVIEWER: Press <Enter> to continue.

GEN_Q01 **I'll start with a few questions concerning [your/FNAME's] health in general. In general, would you say [your/his/her] health is:**
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DK, R

GEN_Q02 **Compared to one year ago, how would you say [your/his/her] health is now? Is it:**
INTERVIEWER: Read categories to respondent.

- 1 ... much better now than 1 year ago?
 - 2 ... somewhat better now than 1 year ago?
 - 3 ... about the same?
 - 4 ... somewhat worse now than 1 year ago?
 - 5 ... much worse now than 1 year ago?
- DK, R

GEN_C02A If proxy interview, go to GEN_C07.

GEN_Q02A **How satisfied are you with your life in general?**
INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
 - 2 **Satisfied**
 - 3 **Neither satisfied nor dissatisfied**
 - 4 **Dissatisfied**
 - 5 **Very dissatisfied**
- DK, R

GEN_Q02B **In general, would you say your mental health is:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DK, R

GEN_C07 If age < 15, go to GEN_C08A.

GEN_Q07 **Thinking about the amount of stress in [your/his/her] life, would you say that most days are:**

INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
 - 2 ... not very stressful?
 - 3 ... a bit stressful?
 - 4 ... quite a bit stressful?
 - 5 ... extremely stressful?
- DK, R

GEN_C08A If proxy interview, go to GEN_END.

GEN_C08B If age < 15 or age > 75, go to GEN_Q10.

GEN_Q08 **Have you worked at a job or business at any time in the past 12 months?**

- 1 Yes
 - 2 No (Go to GEN_Q10)
- DK, R (Go to GEN_Q10)

GEN_Q09 **The next question is about your main job or business in the past 12 months.**

Would you say that most days at work were:

INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
 - 2 ... not very stressful?
 - 3 ... a bit stressful?
 - 4 ... quite a bit stressful?
 - 5 ... extremely stressful?
- DK, R

GEN_Q010 **How would you describe your sense of belonging to your local community? Would you say it is:**

INTERVIEWER: Read categories to respondent.

- 1 ... very strong?
 - 2 ... somewhat strong?
 - 3 ... somewhat weak?
 - 4 ... very weak?
- DK, R

GEN_END

VOLUNTARY ORGANIZATIONS (ORG)

ORG_C1A If (ORG block = 2), go to ORG_END.
ORGnFDO Otherwise, go to ORG_C1B.

ORG_C1B If proxy interview, go to ORG_END.
Otherwise, go to ORG_Q1.

ORG_Q1 **Are you a member of any voluntary organizations or associations such as**
ORGn_1 **school groups, church social groups, community centres, ethnic**
associations or social, civic or fraternal clubs?

- 1 Yes
- 2 No (Go to ORG_END)
- DK, R (Go to ORG_END)

ORG_Q2 **How often did you participate in meetings or activities of these groups in**
ORGn_2 **the past 12 months? If you belong to many, just think of the ones in which**
you are most active.

INTERVIEWER: Read categories to respondent.

- 1 **At least once a week**
- 2 **At least once a month**
- 3 **At least 3 or 4 times a year**
- 4 **At least once a year**
- 5 **Not at all**
- DK, R

ORG_END

SLEEP (SLP)

SLP_C1 If (do SLP = 2), go to SLP_END.
SLPnFDO Otherwise, go to SLP_C2.

SLP_C2 If proxy interview, go to SLP_END.
 Otherwise, go to SLP_Q01.

SLP_Q01 **Now a few questions about sleep.**
SLPn_01

How long do you usually spend sleeping each night?

INTERVIEWER: Do not include time spent resting.

- 1 Under 2 hours
 - 2 2 hours to less than 3 hours
 - 3 3 hours to less than 4 hours
 - 4 4 hours to less than 5 hours
 - 5 5 hours to less than 6 hours
 - 6 6 hours to less than 7 hours
 - 7 7 hours to less than 8 hours
 - 8 8 hours to less than 9 hours
 - 9 9 hours to less than 10 hours
 - 10 10 hours to less than 11 hours
 - 11 11 hours to less than 12 hours
 - 12 12 hours or more
- DK
R (Go to SLP_END)

SLP_Q02 **How often do you have trouble going to sleep or staying asleep?**
SLPn_02 INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
 - 2 **A little of the time**
 - 3 **Some of the time**
 - 4 **Most of the time**
 - 5 **All of the time**
- DK, R

SLP_Q03 **How often do you find your sleep refreshing?**
SLPn_03

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

SLP_Q04
SLPn_04

How often do you find it difficult to stay awake when you want to?

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

SLP_END

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CHANGES MADE TO IMPROVE HEALTH (CIH)

February 11, 2004

CIH_BEG

CIH_C1A If (do CIH block = 1), go to CIH_C1B.
Otherwise, go to CIH_END.

CIH_C1B If proxy interview, go to CIH_END.
Otherwise, go to CIH_Q1.

CIH_Q1 **Next, some questions about changes made to improve health.**

In the past 12 months, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)

- 1 Yes
- 2 No (Go to CIH_Q3)
- DK, R (Go to CIH_END)

CIH_Q2 **What is the single most important change you have made?**

- 1 Increased exercise, sports / physical activity
- 2 Lost weight
- 3 Changed diet / improved eating habits
- 4 Quit smoking / reduced amount smoked
- 5 Drank less alcohol
- 6 Reduced stress level
- 7 Received medical treatment
- 8 Took vitamins
- 9 Other – Specify
- DK, R

CIH_C2S If CIH_Q2 = 9, go to CIH_Q2S.
Otherwise, go to CIH_Q3.

CIH_Q2S INTERVIEWER: Specify.

(80 spaces)
DK, R

Note: If CIH_Q1 = 1, use “anything else” in CIH_Q3.
Otherwise, use “anything” in CIH_Q3.

CIH_Q3 **Do you think there is [anything else / anything] you should do to improve your physical health?**

- 1 Yes
- 2 No (Go to CIH_END)
- DK, R (Go to CIH_END)

- CIH_Q4 **What is the most important thing?**
- 1 Start / Increase exercise, sports / physical activity
 - 2 Lose weight
 - 3 Change diet / improve eating habits
 - 4 Quit smoking / reduce amount smoked
 - 5 Drink less alcohol
 - 6 Reduce stress level
 - 7 Receive medical treatment
 - 8 Take vitamins
 - 9 Other – Specify
DK, R

CIH_C4S If CIH_Q4 = 9, go to CIH_Q4S.
Otherwise, go to CIH_Q5.

CIH_Q4S INTERVIEWER: Specify.

(80 spaces)
DK, R

CIH_Q5 **Is there anything stopping you from making this improvement?**

- 1 Yes
- 2 No (Go to CIH_Q7)
DK, R (Go to CIH_Q7)

CIH_Q6 **What is that?**
INTERVIEWER: Mark all that apply.

- 1 Lack of will power / self-discipline
- 2 Family responsibilities
- 3 Work schedule
- 4 Addiction to drugs / alcohol
- 5 Physical condition
- 6 Disability / health problem
- 7 Too stressed
- 8 Too costly / financial constraints
- 9 Not available - in area
- 10 Transportation problems
- 11 Weather problems
- 12 Other - Specify
DK, R

CIH_C6S If CIH_Q6 = 12, go to CIH_Q6S.
Otherwise, go to CIH_Q7.

CIH_Q6S INTERVIEWER: Specify.

(80 spaces)
DK, R

CIH_Q7 **Is there anything you intend to do to improve your physical health in the next year?**

- 1 Yes
- 2 No (Go to CIH_END)
- DK, R (Go to CIH_END)

CIH_Q8 **What is that?**
INTERVIEWER : Mark all that apply.

- 1 Start / Increase exercise, sports / physical activity
- 2 Lose weight
- 3 Change diet / improve eating habits
- 4 Quit smoking / reduce amount smoked
- 5 Drink less alcohol
- 6 Reduce stress level
- 7 Receive medical treatment
- 8 Take vitamins
- 9 Other – Specify
- DK, R

CIH_C8S If CIH_Q8 = 9, go to CIH_Q8S.
Otherwise, go to CIH_END.

CIH_Q8S INTERVIEWER: Specify.

(80 spaces)
DK, R

CIH_END

ORAL HEALTH 1 (OH1)

OH1_BEG

OH1_C20A If (do OH1 block = 1), go to OH1_C20B.
Otherwise, go to OH1_END.

OH1_C20B If proxy interview, go to OH1_END.
Otherwise, go to OH1_QINT20.

OH1_QINT20 **Next, some questions about the health of your teeth and mouth.**
INTERVIEWER: Press <Enter> to continue.

OH1_Q20 **In general, would you say the health of your teeth and mouth is:**
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DK, R (Go to OH1_END)

OH1_Q21A **Now a few questions about your ability to chew different foods, whether you eat them or not. Can you:**

... chew firm foods (e.g., meat)?

- 1 Yes
 - 2 No
- DK, R

OH1_Q21B **(Can you:)**

... bite off and chew a piece of fresh apple?

- 1 Yes
 - 2 No
- DK, R

OH1_C21C If OH1_Q21A = 1 or OH1_Q21B = 1, go to OH1_Q22;
Otherwise, go to OH1_Q21C.

Note: OH1_Q21C will be filled with “Yes” during head office processing

OH1_Q21C **(Can you:)**

... chew boiled vegetables?

- 1 Yes
 - 2 No
- DK, R

OH1_Q22 **In the past month, how often have you had any pain or discomfort in your teeth or gums?**

INTERVIEWER: Read categories to respondent.

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
- DK, R

OH1_END

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HEIGHT and WEIGHT (HWT)

February 9, 2004

HWT_BEG

HWT_C1 If (do HWT block = 1), go to HWT_Q2.
Otherwise, go to HWT_END.

HWT_Q2 **Now some questions on height and weight.**

How tall ^ARE ^YOU2 without shoes on?

- | | | |
|---|---|-----------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.) | |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.) | |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.) | |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) | (Go to HWT_N2C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HWT_N2D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.) | (Go to HWT_N2E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.) | (Go to HWT_N2F) |
| 7 | 7'0" and over (212.1 cm. and over) | (Go to HWT_Q3) |
| | DK, R | (Go to HWT_Q3) |

HWT_E2 **The selected height is too short for a [age] year old respondent. Please return and correct.**

Note: Trigger hard edit if (HWT_Q2 < 3).

HWT_N2A INTERVIEWER: Select the exact height.

- | | |
|----|--------------------------------|
| 0 | 1'0" / 12" (29.2 to 31.7 cm.) |
| 1 | 1'1" / 13" (31.8 to 34.2 cm.) |
| 2 | 1'2" / 14" (34.3 to 36.7 cm.) |
| 3 | 1'3" / 15" (36.8 to 39.3 cm.) |
| 4 | 1'4" / 16" (39.4 to 41.8 cm.) |
| 5 | 1'5" / 17" (41.9 to 44.4 cm.) |
| 6 | 1'6" / 18" (44.5 to 46.9 cm.) |
| 7 | 1'7" / 19" (47.0 to 49.4 cm.) |
| 8 | 1'8" / 20" (49.5 to 52.0 cm.) |
| 9 | 1'9" / 21" (52.1 to 54.5 cm.) |
| 10 | 1'10" / 22" (54.6 to 57.1 cm.) |
| 11 | 1'11" / 23" (57.2 to 59.6 cm.) |
| | DK, R |

HWT_N2B INTERVIEWER: Select the exact height.

- 0 2'0" / 24" (59.7 to 62.1 cm.)
 - 1 2'1" / 25" (62.2 to 64.7 cm.)
 - 2 2'2" / 26" (64.8 to 67.2 cm.)
 - 3 2'3" / 27" (67.3 to 69.8 cm.)
 - 4 2'4" / 28" (69.9 to 72.3 cm.)
 - 5 2'5" / 29" (72.4 to 74.8 cm.)
 - 6 2'6" / 30" (74.9 to 77.4 cm.)
 - 7 2'7" / 31" (77.5 to 79.9 cm.)
 - 8 2'8" / 32" (80.0 to 82.5 cm.)
 - 9 2'9" / 33" (82.6 to 85.0 cm.)
 - 10 2'10" / 34" (85.1 to 87.5 cm.)
 - 11 2'11" / 35" (87.6 to 90.1 cm.)
- DK, R

HWT_N2C INTERVIEWER: Select the exact height.

- 0 3'0" / 36" (90.2 to 92.6 cm.)
 - 1 3'1" / 37" (92.7 to 95.2 cm.)
 - 2 3'2" / 38" (95.3 to 97.7 cm.)
 - 3 3'3" / 39" (97.8 to 100.2 cm.)
 - 4 3'4" / 40" (100.3 to 102.8 cm.)
 - 5 3'5" / 41" (102.9 to 105.3 cm.)
 - 6 3'6" / 42" (105.4 to 107.9 cm.)
 - 7 3'7" / 43" (108.0 to 110.4 cm.)
 - 8 3'8" / 44" (110.5 to 112.9 cm.)
 - 9 3'9" / 45" (113.0 to 115.5 cm.)
 - 10 3'10" / 46" (115.6 to 118.0 cm.)
 - 11 3'11" / 47" (118.1 to 120.6 cm.)
- DK, R

Go to HWT_Q3

HWT_N2D INTERVIEWER: Select the exact height.

- 0 4'0" / 48" (120.7 to 123.1 cm.)
 - 1 4'1" / 49" (123.2 to 125.6 cm.)
 - 2 4'2" / 50" (125.7 to 128.2 cm.)
 - 3 4'3" / 51" (128.3 to 130.7 cm.)
 - 4 4'4" / 52" (130.8 to 133.3 cm.)
 - 5 4'5" / 53" (133.4 to 135.8 cm.)
 - 6 4'6" / 54" (135.9 to 138.3 cm.)
 - 7 4'7" / 55" (138.4 to 140.9 cm.)
 - 8 4'8" / 56" (141.0 to 143.4 cm.)
 - 9 4'9" / 57" (143.5 to 146.0 cm.)
 - 10 4'10" / 58" (146.1 to 148.5 cm.)
 - 11 4'11" / 59" (148.6 to 151.0 cm.)
- DK, R

Go to HWT_Q3

HWT_N2E INTERVIEWER: Select the exact height.

- 0 5'0" (151.1 to 153.6 cm.)
 - 1 5'1" (153.7 to 156.1 cm.)
 - 2 5'2" (156.2 to 158.7 cm.)
 - 3 5'3" (158.8 to 161.2 cm.)
 - 4 5'4" (161.3 to 163.7 cm.)
 - 5 5'5" (163.8 to 166.3 cm.)
 - 6 5'6" (166.4 to 168.8 cm.)
 - 7 5'7" (168.9 to 171.4 cm.)
 - 8 5'8" (171.5 to 173.9 cm.)
 - 9 5'9" (174.0 to 176.4 cm.)
 - 10 5'10" (176.5 to 179.0 cm.)
 - 11 5'11" (179.1 to 181.5 cm.)
- DK, R

Go to HWT_Q3

HWT_N2F INTERVIEWER: Select the exact height.

- 0 6'0" (181.6 to 184.1 cm.)
 - 1 6'1" (184.2 to 186.6 cm.)
 - 2 6'2" (186.7 to 189.1 cm.)
 - 3 6'3" (189.2 to 191.7 cm.)
 - 4 6'4" (191.8 to 194.2 cm.)
 - 5 6'5" (194.3 to 196.8 cm.)
 - 6 6'6" (196.9 to 199.3 cm.)
 - 7 6'7" (199.4 to 201.8 cm.)
 - 8 6'8" (201.9 to 204.4 cm.)
 - 9 6'9" (204.5 to 206.9 cm.)
 - 10 6'10" (207.0 to 209.5 cm.)
 - 11 6'11" (209.6 to 212.0 cm.)
- DK, R

HWT_Q3 **How much ^DOVERB ^YOU2 weigh?**

INTERVIEWER: Enter amount only.

||_| Weight
 (MIN: 1) (MAX: 575)
 DK, R (Go to HWT_END)

||_| Weight
 (MIN: 1) (MAX: 575; warning after 300 lb or 136 kg and warning under 60 lb or 27 kg)
 DK, R (Go to HWT_END)

HWT_N4 INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
 - 2 Kilograms
- (DK, R are not allowed)

HWT_E4 An unusual value has been entered. Please confirm.

Note: Trigger soft edit if (HWT_Q3 > 300 and HWT_N4 = 1 or HWT_Q3 > 136 and HWT_N4 = 2) or (HWT_Q3 < 60 and HWT_N4 = 1 or HWT_Q3 < 27 and HWT_N4 = 2).

HWT_C4 If proxy interview, go to HWT_END.
Otherwise, go to HWT_Q4.

HWT_Q4 **Do you consider yourself:**
INTERVIEWER: Read categories to respondent.

- 1 ... overweight?
- 2 ... underweight?
- 3 ... just about right?
DK, R

HWT_END

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CHRONIC CONDITIONS (CCC)

March 18, 2004

CHRONIC CONDITIONS (SectLabel)

CCC_BEG Set HasSkinCancer = No

CCC_C011 If (do CCC block = 1), go to CCC_R011.
Otherwise, go to CCC_END.

CCC_R011 **Now I'd like to ask about certain chronic health conditions which ^YOU2 may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**
INTERVIEWER: Press <Enter> to continue.

CCC_Q011 **^DOVERB_C ^YOU2 have:**

... food allergies?

1 Yes
2 No
DK
R (Go to CCC_END)

CCC_Q021 **(^DOVERB_C ^YOU2 have:)**

... any other allergies?

1 Yes
2 No
DK, R

CCC_Q031 **(^DOVERB_C ^YOU2 have:)**

... asthma?

1 Yes
2 No (Go to CCC_Q041)
DK, R (Go to CCC_Q041)

CCC_Q035 **^HAVE_C ^YOU2 had any asthma symptoms or asthma attacks in the past 12 months?**

1 Yes
2 No
DK, R

CCC_Q036 **In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

- 1 Yes
- 2 No
DK, R

CCC_Q041 **^DOVERB_C ^YOU2 have fibromyalgia?**

- 1 Yes
- 2 No
DK, R

CCC_Q051 **Remember, we're interested in conditions diagnosed by a health professional.**

^DOVERB_C ^YOU2 have arthritis or rheumatism, excluding fibromyalgia?

- 1 Yes
- 2 No (Go to CCC_Q061)
DK, R (Go to CCC_Q061)

CCC_Q05A **What kind of arthritis ^DOVERB ^YOU1 have?**

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Rheumatism
- 4 Other - Specify
DK, R

CCC_C05AS If CCC_Q05A = 4, go to CCC_Q05AS.
Otherwise, go to CCC_Q061.

CCC_Q05AS INTERVIEWER: Specify.

(80 spaces)
DK, R

CCC_Q061 **(Remember, we're interested in conditions diagnosed by a health professional.)**

^DOVERB_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?

- 1 Yes
- 2 No
DK, R

CCC_Q071 **^DOVERB_C ^YOU2 have high blood pressure?**

- 1 Yes (Go to CCC_Q073)
- 2 No
DK
R (Go to CCC_Q081)

CCC_Q072 **^HAVE_C ^YOU1 ever been diagnosed with high blood pressure?**

- 1 Yes
- 2 No (Go to CCC_Q081)
- DK, R (Go to CCC_Q081)

CCC_Q073 **In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?**

- 1 Yes
- 2 No
- DK, R

CCC_Q074 **In the past month, did ^YOU1 do anything else, recommended by a health professional, to reduce or control ^YOUR1 blood pressure?**

- 1 Yes
- 2 No (Go to CCC_Q081)
- DK, R (Go to CCC_Q081)

CCC_Q075 **What did ^YOU1 do?**

INTERVIEWER: Mark all that apply.

- 1 Changed diet (e.g., reduced salt intake)
- 2 Exercised more
- 3 Reduced alcohol intake
- 4 Other
- DK, R

CCC_Q081 **Remember, we're interested in conditions diagnosed by a health professional.**

^DOVERB_C ^YOU2 have migraine headaches?

- 1 Yes
- 2 No
- DK, R

CCC_Q091A **(Remember, we're interested in conditions diagnosed by a health professional.)**

(^DOVERB ^YOU2] have:)

... chronic bronchitis?

- 1 Yes
- 2 No
- DK, R

CCC_C091E If age < 30, go to CCC_Q101.
Otherwise, go to CCC_091E.

CCC_Q091E (^DOVERB ^YOU2 have:)

... emphysema?

- 1 Yes
- 2 No
DK, R

CCC_Q091F (^DOVERB ^YOU2 have:)

... chronic obstructive pulmonary disease (COPD)?

- 1 Yes
- 2 No
DK, R

CCC_Q101 (^DOVERB ^YOU2 have:)

... diabetes?

- 1 Yes
- 2 No (Go to CCC_Q111)
DK, R (Go to CCC_Q111)

CCC_Q102 How old ^WERE ^YOU1 when this was first diagnosed?

INTERVIEWER: Maximum is [current age].

||| Age in years
(MIN: 0) (MAX: current age)
DK, R

CCC_C10A If age < 15 or sex = male or CCC_Q102 < 15 or CCC_Q102 > 49, go to CCC_Q10C.
Otherwise, go to CCC_Q10A.

CCC_Q10A ^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?

- 1 Yes
- 2 No (Go to CCC_Q10C)
DK, R (Go to CCC_Q10C)

CCC_Q10B Other than during pregnancy, has a health professional ever told ^YOU1 that ^YOU1 ^HAVE diabetes?

- 1 Yes
- 2 No (Go to CCC_Q111)
DK, R (Go to CCC_Q111)

CCC_Q10C **When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?**

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never (Go to CCC_Q106)
DK, R

CCC_Q105 **^DOVERB_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**

- 1 Yes
- 2 No
DK, R
(If CCC_Q10C = 6, CCC_Q105 will be filled with “No” during processing)

CCC_Q106 **In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**

- 1 Yes
- 2 No
DK, R

CCC_Q111 **Remember, we’re interested in conditions diagnosed by a health professional.**

^DOVERB_C ^YOU2 have epilepsy?

- 1 Yes
- 2 No
DK, R

CCC_Q121 **(^DOVERB_C ^YOU2 have:)**

... heart disease?

- 1 Yes
- 2 No (Go to CCC_Q131)
DK, R (Go to CCC_Q131)

CCC_Q131 **[^DOVERB_C ^YOU2] have cancer?**

- 1 Yes (Go to CCC_C133)
- 2 No
DK
R (Go to CCC_Q141)

CCC_Q132 **^HAVE ^YOU1 ever been diagnosed with cancer?**

- 1 Yes
- 2 No (Go to CCC_Q141)
DK, R (Go to CCC_Q141)

CCC_C133 If sex = male, go to CCC_Q133B.
Otherwise, go to CCC_Q133A.

Note: If CCC_Q131 = 1, use ^DOVERB (do/does) in CCC_Q133A.
If CCC_Q131 <> 1, use “did” in CCC_Q133A.

CCC_Q133A **What type of cancer [^DOVERB/did] ^YOU1 have?**
INTERVIEWER: Mark all that apply.

- 1 Breast
- 2 Colorectal
- 3 Skin – Melanoma
- 4 Skin - Non-melanoma
- 5 Other
DK, R

Go to CCC_D133

Note: If CCC_Q131 = 1, use ^DOVERB (do/does) in CCC_Q133B.
If CCC_Q131 <> 1, use “did” in CCC_Q133B.

CCC_Q133B **What type of cancer [^DOVERB/did] ^YOU1 have?**
INTERVIEWER: Mark all that apply.

- 1 Prostate
- 2 Colorectal
- 3 Skin – Melanoma
- 4 Skin - Non-melanoma
- 5 Other
DK, R

CCC_D133 If CCC_Q133A = 3 or CCC_Q133A = 4 or CCC_Q133B = 3 or CCC_Q133B = 4,
HasSkinCancer = Yes.

CCC_Q141 **(Remember, we’re interested in conditions diagnosed by a health professional.)**

^DOVERB ^YOU2 have intestinal or stomach ulcers?

- 1 Yes
- 2 No
DK, R

CCC_Q151 **^DOVERB ^YOU2 suffer from the effects of a stroke?**

- 1 Yes
- 2 No
DK, R

CCC_Q161 **(^DOVERB ^YOU2 suffer:)**
... from urinary incontinence?

- 1 Yes
- 2 No
DK, R

CCC_Q171 **^DOVERB_C ^YOU2 suffer from a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?**

- 1 Yes
- 2 No (Go to CCC_C181)
- DK, R (Go to CCC_C181)

CCC_Q171A **What kind of bowel disease ^DOVERB ^YOU1 have?**

- 1 Crohn's Disease
- 2 Ulcerative colitis
- 3 Irritable Bowel Syndrome
- 4 Bowel incontinence
- 5 Other
- DK, R

CCC_C181 If age < 18, go to CCC_Q211.
Otherwise, go to CCC_Q181.

CCC_Q181 **(Remember, we're interested in conditions diagnosed by a health professional.)**

(^DOVERB_C ^YOU2] have:)

... Alzheimer's Disease or any other dementia?

- 1 Yes
- 2 No
- DK, R

CCC_Q191 **(^DOVERB_C ^YOU2 have:)**

... cataracts?

- 1 Yes
- 2 No
- DK, R

CCC_Q201 **(^DOVERB_C ^YOU2 have:)**

... glaucoma?

- 1 Yes
- 2 No
- DK, R

CCC_Q211 **(^DOVERB_C ^YOU2 have:)**

... a thyroid condition?

- 1 Yes
- 2 No
- DK, R

CCC_Q251 **Remember, we're interested in conditions diagnosed by a health professional.**

^DOVERB_C ^YOU2 have chronic fatigue syndrome?

- 1 Yes
- 2 No
DK, R

CCC_Q261 **^DOVERB_C ^YOU2 suffer from multiple chemical sensitivities?**

- 1 Yes
- 2 No
DK, R

CCC_Q271 **^DOVERB_C ^YOU2 have schizophrenia?**

- 1 Yes
- 2 No
DK, R

CCC_Q280 **Remember, we're interested in conditions diagnosed by a health professional.**

^DOVERB_C ^YOU2 have a mood disorder such as depression, bipolar disorder, mania or dysthymia?

INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No
DK, R

CCC_Q290 **(Remember, we're interested in conditions diagnosed by a health professional.)**

^DOVERB_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

- 1 Yes
- 2 No
DK, R

CCC_Q321 **^DOVERB_C ^YOU2 have autism or any other developmental disorder such as Down's syndrome, Asperger's syndrome or Rett syndrome?**

- 1 Yes
- 2 No
DK, R

CCC_Q331 **(Remember, we're interested in conditions diagnosed by a health professional.)**

^DOVERB_C ^YOU2 have a learning disability?

- 1 Yes
- 2 No (Go to CCC_Q341)
- DK, R (Go to CCC_Q341)

CCC_Q331A **What kind of learning disability ^DOVERB ^YOU2 have?**
INTERVIEWER: Mark all that apply.

- 1 Attention Deficit Disorder, no hyperactivity (ADD)
- 2 Attention Deficit Hyperactivity Disorder (ADHD)
- 3 Dyslexia
- 4 Other - Specify
DK, R

CCC_C331AS If CCC_Q331A = 4, go to CCC_Q331S.
Otherwise, go to CCC_Q341.

CCC_Q331AS INTERVIEWER: Specify.

(80 spaces)
DK, R

CCC_Q341 **^DOVERB_C ^YOU2 have an eating disorder such as anorexia or bulimia?**

- 1 Yes
- 2 No
- DK, R

CCC_Q901 **^DOVERB_C ^YOU2 have any other long-term physical or mental health condition that has been diagnosed by a health professional?**

- 1 Yes
- 2 No (Go to CCC_END)
- DK, R (Go to CCC_END)

CCC_C901S If CCC_Q901S = 1, go to CCC_Q901S.
Otherwise, go to CCC_END.

CCC_Q901S INTERVIEWER: Specify.

(80 spaces)
DK, R

CCC_END

DIABETES CARE (DIA)

March 9, 2004

DIA_BEG

DIA_C01A If (do DIA block = 1), go to DIA_C01B.
Otherwise, go to DIA_END.

DIA_C01B If (CCC_Q101 = 1), go to DIA_C01C.
Otherwise, go to DIA_END.

DIA_C01C If (CCC_Q10A = 1), go to DIA_END.
Otherwise, go to DIA_R01.

DIA_R01 **It was reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.**
INTERVIEWER: Press <Enter> to continue.

DIA_Q01 **In the past 12 months, has a health care professional tested ^YOU2 for hemoglobin “A-one-C”? (An “A-one-C” hemoglobin test measures the average level of blood sugar over a 3-month period.)**

- 1 Yes
- 2 No (Go to DIA_Q03)
- DK (Go to DIA_Q03)
- R (Go to DIA_END)

DIA_Q02 **How many times? (In the past 12 months, has a health care professional tested ^YOU2 for hemoglobin “A-one-C”?)**

|_| Times
(MIN: 1) (MAX: 99)
DK, R

DIA_Q03 **In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?**

- 1 Yes
- 2 No (Go to DIA_Q05)
- 3 No feet (Go to DIA_Q05)
- DK, R (Go to DIA_Q05)

DIA_Q04 **How many times? (In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?)**

|_| Times
(MIN: 1) (MAX: 99)
DK, R

- DIA_Q05 **In the past 12 months, has a health care professional tested ^YOUR1 urine for protein (i.e., Microalbumin)?**
- 1 Yes
 - 2 No
 DK, R
- DIA_Q06 **^HAVE_C ^YOU2 ever had an eye exam where the pupils of ^YOUR1 eyes were dilated? (This procedure would have made ^HIMHER temporarily sensitive to light.)**
- 1 Yes
 - 2 No (Go to DIA_R08)
 DK, R (Go to DIA_R08)
- DIA_Q07 **When was the last time?**
INTERVIEWER: Read categories to respondent.
- 1 **Less than one month ago**
 - 2 **1 month to less than 1 year ago**
 - 3 **1 year to less than 2 years ago**
 - 4 **2 or more years ago**
 DK, R
- DIA_R08 **Now some questions about diabetes care not provided by a health care professional.**
INTERVIEWER: Press <Enter> to continue.
- DIA_Q08 **How often ^DOVERB ^YOU2 usually have ^YOUR1 blood checked for glucose or sugar by ^YOURSELF or by a family member or friend?**
INTERVIEWER: Select the reporting period here and enter the number in the next screen.
- 1 Per day
 - 2 Per week (Go to DIA_N08C)
 - 3 Per month (Go to DIA_N08D)
 - 4 Per year (Go to DIA_N08E)
 - 5 Never (Go to DIA_C09)
 DK, R (Go to DIA_C09)
- DIA_N08B INTERVIEWER: Enter number of times per day.
- I_I_I Times
 (MIN: 1) (MAX: 99)
 DK, R
- Go to DIA_C09

DIA_N08C INTERVIEWER: Enter number of times per week.

I__I Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C09

DIA_N08D INTERVIEWER: Enter number of times per month.

I__I Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C09

DIA_N08E INTERVIEWER: Enter number of times per year.

I__I Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C09

DIA_C09 If DIA_Q03 = 3 (no feet), go to DIA_C10.
Otherwise, go to DIA_Q09.

DIA_Q09 **How often ^DOVERB ^YOU2 usually have ^YOUR1 feet checked for any sores or irritations by ^YOURSELF or by a family member or friend?**
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- | | | |
|---|-----------|------------------|
| 1 | Per day | |
| 2 | Per week | (Go to DIA_N09C) |
| 3 | Per month | (Go to DIA_N09D) |
| 4 | Per year | (Go to DIA_N09E) |
| 5 | Never | (Go to DIA_C10) |
| | DK, R | (Go to DIA_C10) |

DIA_N09B INTERVIEWER: Enter number of times per day.

I__I Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C10

DIA_N09C INTERVIEWER: Enter number of times per week.

I__I Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C10

DIA_N09D INTERVIEWER: Enter number of times per month.

I_I_I Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C10

DIA_N09E INTERVIEWER: Enter number of times per year.

I_I_I Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C10

DIA_C10 If age >= 35, go to DIA_R10.
Otherwise, go to DIA_END.

DIA_R10 Now a few questions about medication.
INTERVIEWER: Press <Enter> to continue

DIA_Q10 **In the past month, did ^YOU2 take aspirin or other ASA (acetylsalicylic acid) medication every day or every second day?**

1 Yes
2 No
DK, R

DIA_Q11 **In the past month, did ^YOU1 take prescription medications such as Lipitor or Zocor to control ^YOUR1 blood cholesterol levels?**

1 Yes
2 No
DK, R

DIA_END

HEALTH CARE UTILIZATION (HCU)

March 10, 2004

HCU_BEG

HCU_C01 If (HCU block = 1), go to HCU_R01.
Otherwise, go to HCU_END.

HCU_R01 **Now I'd like to ask about [your/FNAME's] contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

HCU_Q01AA **[Do/Does] [you/FNAME] have a regular medical doctor?**

- 1 Yes (Go to HCU_Q01AC)
- 2 No
DK, R (Go to HCU_Q01BA)

HCU_Q01AB **Why [do/does] [you/FNAME] not have a regular medical doctor?**
INTERVIEWER: Mark all that apply.

- 1 No medical doctors available in the area
- 2 Medical doctors in the area are not taking new patients
- 3 Have not tried to contact one
- 4 Had a medical doctor who left or retired
- 5 Other - Specify
DK, R

HCU_C01ABS If HCU_Q01AB <> 5, go to HCU_Q01BA.
Otherwise, go to HCU_Q01ABS.

HCU_Q01ABS INTERVIEWER : Specify.

(80 spaces)

(Go to HCU_Q01BA)

HCU_Q01AC **Do [you/FNAME] and this doctor usually speak in English, in French, or in another language?**

- | | | | |
|----|-----------------|----|--------------------|
| 1 | English | 13 | Portuguese |
| 2 | French | 14 | Punjabi |
| 3 | Arabic | 15 | Spanish |
| 4 | Chinese | 16 | Tagalog (Pilipino) |
| 5 | Cree | 17 | Ukrainian |
| 6 | German | 18 | Vietnamese |
| 7 | Greek | 19 | Dutch |
| 8 | Hungarian | 20 | Hindi |
| 9 | Italian | 21 | Russian |
| 10 | Korean | 22 | Tamil |
| 11 | Persian (Farsi) | 23 | Other – Specify |
| 12 | Polish | | DK, R |

HCU_C01ACS If HCU_Q01AC <> 23, go to HCU_Q01BA.
Otherwise, go to HCU_Q01ACS.

HCU_Q01ACS INTERVIEWER: Specify.

(80 spaces)

HCU_Q01BA **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital, nursing home or convalescent home?**

HCU_Q01BA **Au cours des 12 derniers mois, [avez/a][-/t-][vous/il/elle] passé la nuit comme patient^e à l'hôpital, dans un foyer de soins infirmiers ou dans une maison de convalescence?**

- 1 Yes
- 2 No (Go to HCU_Q02A)
- DK (Go to HCU_Q02A)
- R (Go to HCU_END)

HCU_Q01BB **For how many nights in the past 12 months?**

||_| Nights
(MIN: 1) (MAX: 366; warning after 100)
DK, R

HCU_Q02A **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**

... a family doctor[, pediatrician] or general practitioner?
(include pediatrician if age < 18)

||_| Times
(MIN: 0) (MAX: 366; warning after 12)
DK, R

HCU_Q02B **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

... an eye specialist (such as an ophthalmologist or optometrist)?

||_| Times
(MIN: 0) (MAX: 75; warning after 3)
DK, R

HCU_Q02C **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?

||| Times
(MIN: 0) (MAX: 300; warning after 7)
DK, R

HCU_Q02D **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**

... a nurse for care or advice?

||| Times
(MIN: 0) (MAX: 366; warning after 15)
DK, R

HCU_Q02E **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

... a dentist or orthodontist?

||| Times
(MIN: 0) (MAX: 99; warning after 4)
DK, R

HCU_Q02F **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

... a chiropractor?

||| Times
(MIN: 0) (MAX: 366; warning after 20)
DK, R

HCU_Q02G **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**

... a physiotherapist?

||| Times
(MIN: 0) (MAX: 366; warning after 30)
DK, R

HCU_Q02H **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

... a social worker or counsellor?

||| Times
(MIN: 0) (MAX: 366; warning after 20)
DK, R

HCU_Q02I **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**

... a psychologist?

||| Times
(MIN: 0) (MAX: 366; warning after 25)
DK, R

HCU_Q02J **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**

... a speech, audiology or occupational therapist?

||| Times
(MIN: 0) (MAX: 200; warning after 12)
DK, R

Note to programmer:
For each response > 0 in HCU_Q02A, HCU_Q02C or HCU_Q02D, ask HCU_Q03.

HCU_Q03 **Where did the most recent contact take place?**
INTERVIEWER: If respondent says “hospital”, probe for details.

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- 4 Walk-in clinic
- 5 Appointment clinic
- 6 Community health centre / CLSC
- 7 At work
- 8 At school
- 9 At home
- 10 Telephone consultation only
- 11 Other - Specify
DK, R

HCU_C03S If HCU_Q03 = 11, go to HCU_Q03S.
Otherwise, go to HCU_Q03_1.

HCU_Q03S INTERVIEWER: Specify.

(80 spaces)

Note: If HCU_Q03 = 3 (Hospital outpatient clinic), or 5 (Appointment clinic) or 6 (Community health centre), ask HCU_Q03_1.
Otherwise, go to HCU_Q04A.

HCU_Q03_1 **Did this most recent contact occur:**
INTERVIEWER: Read categories to respondent.

- 1 ... in-person (face-to-face)?
- 2 ... through a videoconference?
- 3 ... through another method?
DK, R

HCU_Q04A **In the past 12 months, [have/has] [you/he/she] attended a meeting of a self-help group such as AA or a cancer support group?**

- 1 Yes
- 2 No
DK, R

HCU_Q04 **People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about [your/his/her] physical, emotional or mental health?**

- 1 Yes
- 2 No (Go to HCU_C06)
DK, R (Go to HCU_C06)

HCU_Q05 **Who did [you/FNAME] see or talk to?**

INTERVIEWER: Mark all that apply.

- 1 Massage therapist
- 2 Acupuncturist
- 3 Homeopath or naturopath
- 4 Feldenkrais or Alexander teacher
- 5 Relaxation therapist
- 6 Biofeedback teacher
- 7 Rolfer
- 8 Herbalist
- 9 Reflexologist
- 10 Spiritual healer
- 11 Religious healer
- 12 Other - Specify
DK, R

HCU_C05S If HCU_Q05 = 12, go to HCU_Q05S.
Otherwise, go to HCU_C06.

HCU_Q05S INTERVIEWER: Specify.

(80 spaces)

HCU_C06 If non-proxy interview, ask “During the past 12 months, was there ever a time when you felt that you needed health care but you didn’t receive it?” in HCU_Q06.

If proxy interview and age < 18, ask “During the past 12 months, was there ever a time when you felt that FNAME needed health care but [he/she] didn’t receive it?” in HCU_Q06.

If proxy interview and age >= 18, ask “During the past 12 months, was there ever a time when FNAME felt that [he/she] needed health care but [he/she] didn’t receive it?” in HCU_Q06.

HCU_Q06 **During the past 12 months, was there ever a time when [you/FNAME] felt that [you/FNAME/he/she] needed health care but [you/he/she] didn’t receive it?**

- 1 Yes
- 2 No (Go to HCU_END)
- DK, R (Go to HCU_END)

HCU_Q07 **Thinking of the most recent time, why didn't [you/he/she] get care?**

INTERVIEWER: Mark all that apply.

- 1 Not available - in the area
- 2 Not available - at time required (e.g. doctor on holidays, inconvenient hours)
- 3 Waiting time too long
- 4 Felt would be inadequate
- 5 Cost
- 6 Too busy
- 7 Didn't get around to it / didn't bother
- 8 Didn't know where to go
- 9 Transportation problems
- 10 Language problems
- 11 Personal or family responsibilities
- 12 Dislikes doctors / afraid
- 13 Decided not to seek care
- 14 Doctor - didn't think it was necessary
- 15 Unable to leave the house because of a health problem
- 16 Other - Specify
DK, R

HCU_C07S If HCU_Q07 = 16 , go to HCU_Q07S.
Otherwise, go to HCU_Q08.

HCU_Q07S INTERVIEWER: Specify.

(80 spaces)

HCU_Q08 **Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

- 1 Treatment of - a physical health problem
- 2 Treatment of - an emotional or mental health problem
- 3 A regular check-up (including regular pre-natal care)
- 4 Care of an injury
- 5 Other - Specify
DK, R

HCU_C08S If HCU_Q08 = 5, go to HCU_Q08S.
Otherwise, go to HCU_Q09.

HCU_Q08S INTERVIEWER: Specify.

(80 spaces)

HCU_Q09 **Where did [you/he/she] try to get the service [you/he/she] [were/was] seeking?**

INTERVIEWER: Mark all that apply.

- 1 Doctor's office
- 2 Hospital - emergency room
- 3 Hospital - overnight patient
- 4 Hospital - outpatient clinic (e.g., day surgery, cancer)
- 5 Walk-in clinic
- 6 Appointment clinic
- 7 Community health centre / CLSC
- 8 Other - Specify
DK, R

HCU_C09S If HCU_Q09 = 8 , go to HCU_Q09S.
Otherwise, go to HCU_END.

HCU_Q09S INTERVIEWER: Specify.

(80 spaces)

HCU_END

HOME CARE (HMC)

March 3, 2004

HMC_BEG

HMC_C09A If (do HMC block = 1), go to HMC_C09B.
Otherwise, go to HMC_END.

HMC_C09B If age < 18, go to HMC_END.
Otherwise, go to HMC_R09.

HMC_R09 **Now some questions on home care services. These are health care, home maker or other support services received at home. People may receive home care due to a health problem or condition that affects their daily activities. Examples include: nursing care, personal care or help with bathing, housework, meal preparation, meal delivery and respite care.**
INTERVIEWER: Press <Enter> to continue.

HMC_Q09 **^HAVE_C ^YOU2 received any home care services in the past 12 months, with the cost being entirely or partially covered by government?**

- 1 Yes
- 2 No (Go to HMC_Q11)
- DK (Go to HMC_Q11)
- R (Go to HMC_END)

HMC_Q10 **What type of services ^HAVE ^YOU1 received?**
INTERVIEWER: Read categories to respondent. Mark all that apply.
Cost must be entirely or partially covered by government.

- 1 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
- 2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
- 3 **Medical equipment or supplies**
- 4 **Personal care (e.g., bathing, foot care)**
- 5 **Housework (e.g., cleaning, laundry)**
- 6 **Meal preparation or delivery**
- 7 **Shopping**
- 8 **Respite care (i.e., caregiver relief)**
- 9 Other - Specify
DK, R

HMC_C10S If HMC_Q10 = 9, go to HMC_Q10S.
Otherwise, go to HMC_Q11.

HMC_Q10S INTERVIEWER: Specify.

(80 spaces)
DK, R

Note: If HMC_Q09 = 1, use “any other home care services” in HMC_Q11.
Otherwise, use “any home care services” in HMC_Q11.

HMC_Q11 **^HAVE ^YOU2 received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a private agency or by a spouse or friends)?**
INTERVIEWER: Include only health care, homemaker or other support services (e.g., housework) that are provided because of a respondent’s health problem or condition.

- 1 Yes
- 2 No (Go to HMC_Q14)
- DK, R (Go to HMC_Q14)

Note: If HMC_Q09 = 1, use “other home care services” in HMC_Q12.
Otherwise, use “home care services” in HMC_Q12.

HMC_Q12 **Who provided these [other] home care services?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 **Nurse from a private agency**
- 2 **Homemaker or other support services from a private agency**
- 3 **Physiotherapist or other therapist from a private agency**
- 4 **Neighbour or friend**
- 5 **Family member or spouse**
- 6 **Volunteer**
- 7 Other - Specify
DK, R

HMC_C12S If HMC_Q12 = 7, go to HMC_Q12S.
Otherwise, go to HMC_C13.

HMC_Q12S INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_C13 For each person identified in HMC_Q12, ask HMC_Q13n up to 7 times, n = where A, B, C, D, E, F, G.

HMC_Q13n **What type of services ^HAVE ^YOU1 received from [person identified in HMC_Q12]?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
- 2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
- 3 **Medical equipment or supplies**
- 4 **Personal care (e.g., bathing, foot care)**
- 5 **Housework (e.g., cleaning, laundry)**
- 6 **Meal preparation or delivery**
- 7 **Shopping**
- 8 **Respite care (i.e., caregiver relief)**
- 9 Other - Specify
DK, R

HMC_C13nS If HMC_Q13n = 9, go to HMC_Q13nS.
Otherwise, go to HMC_Q14.

HMC_Q13nS INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_Q14 **During the past 12 months, was there ever a time when ^YOU2 felt that ^YOU1 needed home care services but ^YOU1 didn't receive them?**

- 1 Yes
- 2 No (Go to HMC_END)
- DK, R (Go to HMC_END)

HMC_Q15 **Thinking of the most recent time, why didn't ^YOU1 get these services?**

INTERVIEWER: Mark all that apply.

- 1 Not available - in the area
- 2 Not available - at time required (e.g., inconvenient hours)
- 3 Waiting time too long
- 4 Felt would be inadequate
- 5 Cost
- 6 Too busy
- 7 Didn't get around to it / didn't bother
- 8 Didn't know where to go / call
- 9 Language problems
- 10 Personal or family responsibilities
- 11 Decided not to seek services
- 12 Doctor - did not think it was necessary
- 13 Not eligible for homecare
- 14 Still waiting for homecare
- 15 Other - Specify
DK, R

HMC_C15S If HMC_Q15 = 15, go to HMC_Q15S.
Otherwise, go to HMC_Q16.

HMC_Q15S INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_Q16 **Again, thinking of the most recent time, what type of home care was needed?**

INTERVIEWER: Mark all that apply.

- 1 Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)
 - 2 Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)
 - 3 Medical equipment or supplies
 - 4 Personal care (e.g., bathing, foot care)
 - 5 Housework (e.g., cleaning, laundry)
 - 6 Meal preparation or delivery
 - 7 Shopping
 - 8 Respite care (i.e., caregiver relief)
 - 9 Other - Specify
- DK, R

HMC_C16S If HMC_Q16 = 9, go to HMC_Q16S.
Otherwise, go to HMC_Q17.

HMC_Q16S INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_Q17 **Where did ^YOU2 try to get this home care service?**

INTERVIEWER: Mark all that apply.

- 1 A government sponsored program
 - 2 A private agency
 - 3 A family member, friend or neighbour
 - 4 A volunteer organization
 - 5 Other
- DK, R

HMC_END

PATIENT SATISFACTION (PAS)

January 27, 2004

PAS_BEG

PAS_C11B If (do block = 1), go to PAS_R1
Otherwise, go to PAS_END.

PAS_C11C If proxy interview or if age < 15, go to PAS_END.
Otherwise, go to PAS_R1.

PAS_R1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**
INTERVIEWER: Press <Enter> to continue.

PAS_C11D If HCU_Q01BA = 1 (overnight patient) or at least one of HCU_Q02A to HCU_Q02J > 0 (saw or talked on telephone to health professional), go to PAS_Q12.
Otherwise, go to PAS_Q11.

PAS_Q11 **In the past 12 months, have you received any health care services?**

- 1 Yes
- 2 No (Go to PAS_Q51)
- DK, R (Go to PAS_Q51)

PAS_Q12 **Overall, how would you rate the quality of the health care you received? Would you say it was:**
INTERVIEWER: Read categories to respondent.

- 1 ... **excellent?**
- 2 ... **good?**
- 3 ... **fair?**
- 4 ... **poor?**
- DK, R

PAS_Q13 **Overall, how satisfied were you with the way health care services were provided? Were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
 - 2 ... somewhat satisfied?
 - 3 ... neither satisfied nor dissatisfied?
 - 4 ... somewhat dissatisfied?
 - 5 ... very dissatisfied?
- DK, R

PAS_Q21A **In the past 12 months, have you received any health care services at a hospital, for any diagnostic or day surgery service, overnight stay, or as an emergency room patient?**

- 1 Yes
 - 2 No (Go to PAS_Q31A)
- DK, R (Go to PAS_Q31A)

PAS_Q21B **Thinking of your most recent hospital visit, were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... admitted overnight or longer (an inpatient)?
 - 2 ... a patient at a diagnostic or day surgery clinic (an outpatient)?
 - 2 ... an emergency room patient?
- DK, R (Go to PAS_Q31A)

PAS_Q22 **(Thinking of this most recent hospital visit:)**

... how would you rate the quality of the care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... good?
 - 3 ... fair?
 - 4 ... poor?
- DK, R

PAS_Q23 **(Thinking of this most recent hospital visit:)**

... how satisfied were you with the way hospital services were provided? Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
 - 2 ... somewhat satisfied?
 - 3 ... neither satisfied nor dissatisfied?
 - 4 ... somewhat dissatisfied?
 - 5 ... very dissatisfied?
- DK, R

PAS_Q31A **In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?**

- 1 Yes
- 2 No (Go to PAS_R2)
- DK, R (Go to PAS_R2)

PAS_Q31B **Thinking of the most recent time, was care provided by:**
INTERVIEWER: Read categories to respondent.

- 1 ... a family doctor (general practitioner)?
- 2 ... a medical specialist?
- DK, R (Go to PAS_R2)

PAS_Q32 **(Thinking of this most recent care from a physician:)**

... how would you rate the quality of the care you received? Would you say it was:

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

PAS_Q33 **(Thinking of this most recent care from a physician:)**

... how satisfied were you with the way physician care was provided? Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... somewhat satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... somewhat dissatisfied?
- 5 ... very dissatisfied?
- DK, R

PAS_R2 **The next questions are about community-based health care which includes any health care received outside of a hospital or doctor's office.**

Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.

INTERVIEWER: Press <Enter> to continue.

PAS_Q41 **In the past 12 months, have you received any community-based care?**

- 1 Yes
- 2 No (Go to PAS_Q51)
- DK, R (Go to PAS_Q51)

PAS_Q42 **Overall, how would you rate the quality of the community-based care you received? Would you say it was:**
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... good?
 - 3 ... fair?
 - 4 ... poor?
- DK, R

PAS_Q43 **Overall, how satisfied were you with the way community-based care was provided? Were you:**
INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
 - 2 ... somewhat satisfied?
 - 3 ... neither satisfied nor dissatisfied?
 - 4 ... somewhat dissatisfied?
 - 5 ... very dissatisfied?
- DK, R

PAS_Q51 **In the past 12 months, have you used a telephone health line or telehealth service?**

- 1 Yes
 - 2 No (Go to PAS_END)
- DK, R (Go to PAS_END)

PAS_Q52 **Overall, how would you rate the quality of the service you received? Would you say it was:**
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... good?
 - 3 ... fair?
 - 4 ... poor?
- DK, R

PAS_END

RESTRICTION OF ACTIVITIES (RAC)

RAC_C1 If (do RAC block = 2), go to RAC_END.
RACnFDO Otherwise, go to RAC_QINT.

RAC_QINT **The next few questions deal with any current limitations in [your/FNAME's] daily activities caused by a long-term health condition or problem. In these questions, a "long-term condition" refers to a condition that is expected to last or has already lasted 6 months or more.**
INTERVIEWER: Press <Enter> to continue.

RAC_Q1 **[Do/Does] [you/he/she] have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**
RACn_1 INTERVIEWER: Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- DK
- R (Go to RAC_END)

RAC_Q2A **Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do:**
RACn_2A

... at home?

INTERVIEWER: Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- DK
- R (Go to RAC_END)

RAC_Q2B_1 **(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do:)**
RACn_2B

... at school?

- 1 Sometimes
- 2 Often
- 3 Never
- 4 Not applicable
- DK
- R (Go to RAC_END)

RAC_Q2B_2 (Does a long-term physical condition or mental condition or health problem,
RACn_2B2 reduce the amount or the kind of activity [you/he/she] can do:)

... at work?

- 1 Sometimes
 - 2 Often
 - 3 Never
 - 4 Not applicable
- DK
R (Go to RAC_END)

RAC_Q2C (Does a long-term physical condition or mental condition or health problem,
RACn_2C reduce the amount or the kind of activity [you/he/she] can do:)

... in other activities, for example, transportation or leisure?

- 1 Sometimes
 - 2 Often
 - 3 Never
- DK
R (Go to RAC_END)

RAC_C5 If respondent has difficulty or is limited in activities (if RAC_Q1 = 1 or 2 or
RAC_Q2(A)-(C) = 1 or 2), go to RAC_Q5.
Otherwise, go to RAC_Q6A.

RAC_Q5 **Which one of the following is the best description of the cause of this
RACn_5 condition?**

INTERVIEWER: Read categories to respondent.

- 1 **Accident at home**
 - 2 **Motor vehicle accident**
 - 3 **Accident at work**
 - 4 **Other type of accident**
 - 5 **Existed from birth or genetic**
 - 6 **Work conditions**
 - 7 **Disease or illness**
 - 8 **Ageing**
 - 9 **Emotional or mental health problem or condition**
 - 10 **Use of alcohol or drugs**
 - 11 Other - Specify
- DK, R

RAC_C5S If RAC_Q5 <> 11, go to RAC_Q5B_1.
Otherwise, go to RAC_Q5S.

RAC_Q5S INTERVIEWER: Specify.

(80 spaces)
DK, R

RAC_Q5B_1 **Because of [your/his/her] condition or health problem, [have/has]**
RACn_5B1 **[you/he/she] ever experienced discrimination or unfair treatment?**

- 1 Yes
- 2 No (Go to RAC_Q6A)
- DK, R (Go to RAC_Q6A)

RAC_Q5B_2 **In the past 12 months, how much discrimination or unfair treatment did**
RACn_5B2 **[you/he/she] experience?**

- 1 A lot
- 2 Some
- 3 A little
- 4 None at all
- DK, R

RAC_Q6A **The next few questions may not apply to [you/FNAME], but we need to ask**
RACn_6A **the same questions of everyone.**

Because of any physical condition or mental condition or health problem,
[do/does] [you/he/she] need the help of another person:

... with preparing meals?

- 1 Yes
- 2 No
- DK, R

RAC_Q6B_1 **(Because of any physical condition or mental condition or health problem,**
RACn_6B1 **[do/does] [you/he/she] need the help of another person:)**

... with getting to appointments and running errands such as shopping for
groceries?

- 1 Yes
- 2 No
- DK, R

RAC_Q6C **(Because of any physical condition or mental condition or health problem,**
RACn_6C **[do/does] [you/he/she] need the help of another person:)**

... with doing everyday housework?

- 1 Yes
- 2 No
- DK, R

RAC_Q6D **(Because of any physical condition or mental condition or health problem,**
RACn_6D **[do/does] [you/he/she] need the help of another person:)**

... with doing heavy household chores such as spring cleaning or yard work?

- 1 Yes
- 2 No
- DK, R

RAC_Q6E
RACn_6E

(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)

... with personal care such as washing, dressing, eating or taking medication?

- 1 Yes
- 2 No
DK, R

RAC_Q6F
RACn_6F

(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)

... with moving about inside the house?

- 1 Yes
- 2 No
DK, R

RAC_Q6G
RACn_6G

(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)

... with looking after [your/his/her] personal finances such as making bank transactions or paying bills?

- 1 Yes
- 2 No
DK, R

RAC_Q7A
RACn_7A

Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:

... making new friends or maintaining friendships?

- 1 Yes
- 2 No
DK, R

RAC_Q7B
RACn_7B

(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:)

... dealing with people [you/he/she] [don't/doesn't] know well?

- 1 Yes
- 2 No
DK, R

RAC_Q7C
RACn_7C

(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:)

... starting and maintaining a conversation?

- 1 Yes
- 2 No
DK, R

RAC_C8 If any of RAC_Q6A to RAC_Q6G or RAC_Q7A to RAC_Q7C = 1, go to RAC_Q8.
Otherwise, go to RAC_END.

RAC_Q8 **Are these difficulties due to [your/his/her] physical health, to [your/his/her]
emotional or mental health, to [your/his/her] use of alcohol or drugs, or to
another reason?**
INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|-----------------------------------|
| RACn_8A | 1 | Physical health |
| RACn_8B | 2 | Emotional or mental health |
| RACn_8C | 3 | Use of alcohol or drugs |
| RACn_8D | 4 | Another reason – Specify
DK, R |

RAC_C8S If RAC_Q8 <> 4, go to RAC_END.
Otherwise, go to RAC_Q8S.

RAC_Q8S INTERVIEWER: Specify.

(80 spaces)
DK, R

RAC_END

TWO-WEEK DISABILITY (TWD)

TWD_C1 If (do TWD block = 2), go to TWD_END.
 TWDnFDO Otherwise, go to TWD_QINT.

TWD_QINT **The next few questions ask about [your/FNAME's] health during the past 14 days. It is important for you to refer to the 14-day period from [date two weeks ago] to [date yesterday].**
INTERVIEWER: Press <Enter> to continue.

TWD_Q1 **During that period, did [you/FNAME] stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?**
 TWDn_1

- 1 Yes
- 2 No (Go to TWD_Q3)
- DK, R (Go to TWD_END)

TWD_Q2 **How many days did [you/he/she] stay in bed for all or most of the day?**
 TWDn_2 INTERVIEWER: Enter 0 if less than a day.

|_| Days
 (MIN: 0) (MAX: 14)

DK, R (Go to TWD_END)

TWD_C2A If TWD_Q2 > 1, go to TWD_Q2B.

TWD_Q2A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**
 TWDn_2A

- 1 Yes
- 2 No
- DK, R

Go to TWD_C3

Note: TWD_Q2B set to number of days in TWD_Q2 if TWD_Q2A = 1 in processing.

TWD_Q2B **How many of these [TWD_Q2] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**
 TWDn_2B

|_| Days
 (MIN: 0) (MAX: days in TWD_Q2)

DK, R

TWD_C3 If TWD_Q2 = 14 days, go to TWD_END.

TWD_C3A If TWD_Q3 = 2, use "During those 14 days, were..." in TWD_Q3.
 Otherwise, use "Not counting days spent in ..." in TWD_Q3.

TWD_Q3
TWDn_3 **[Not counting days spent in bed] During those 14 days, were there any days that [you/FNAME] cut down on things [you/he/she] normally [do/does] because of illness or injury?**

- 1 Yes
- 2 No (Go to TWD_Q5)
- DK, R (Go to TWD_Q5)

TWD_Q4
TWDn_4 **How many days did [you/FNAME] cut down on things for all or most of the day?**

INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)

DK, R (Go to TWD_Q5)

TWD_C4A If TWD_Q4 > 1, go to TWD_Q4B.

TWD_Q4A
TWDn_4A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**

- 1 Yes
- 2 No
- DK, R

Go to TWD_Q5

Note: TWD_Q4B set to number of days in TWD_Q2 if TWD_Q4A = 1 in processing.

TWD_Q4B
TWDn_4B **How many of these [TWD_Q4] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**

INTERVIEWER: Minimum is 0; maximum is [TWD_Q4].

|_| Days
(MIN: 0) (MAX: days in TWD_Q4)

DK, R

TWD_Q5
TWDn_5A **[Not counting days spent in bed] During those 14 days, were there any days when it took extra effort to perform up to [your/his/her] usual level at work or at [your/his/her] other daily activities, because of illness or injury?**

- 1 Yes
- 2 No (Go to TWD_END)
- DK, R (Go to TWD_END)

TWD_Q6
TWDn_6 **How many days required extra effort?**
INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)

DK, R (Go to TWD_END)

TWD_C6A If TWD_Q6 > 1, go to TWD_Q6B.

TWD_Q6A **Was that due to [your/his/her] emotional or mental health or [your/his/her]**
TWDn_6A **use of alcohol or drugs?**

- 1 Yes
- 2 No
DK, R

Go to TWD_END

Note: TWD_Q6B set to number of days in TWD_Q2 if TWD_Q6A = 1 in processing.

TWD_Q6B **How many of these [TWD_Q6] days were due to [your/his/her] emotional or**
TWDn_6B **mental health or [your/his/her] use of alcohol or drugs?**
INTERVIEWER: Minimum is 0; maximum is [TWD_Q6].

[_|_] Days
(MIN: 0) (MAX: days in TWD_Q6)

DK, R

TWD_END

INSURANCE COVERAGE (INS)

March 3, 2004

INS_BEG

INS_C1A If (do INS block = 1), go to INS_QINT.
Otherwise, go to INS_END.

INS_QINT **Now, turning to [your/FNAME's] insurance coverage. Please include any private, government or employer-paid plans.**
INTERVIEWER: Press <Enter> to continue.

INS_Q1 **[Do/Does] [you/FNAME] have insurance that covers all or part of:**
... the cost of [your/his/her] prescription medications?

- 1 Yes
- 2 No (Go to INS_Q2)
- DK (Go to INS_Q2)
- R (Go to INS_END)

INS_Q1A **Is it:**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 ... a government-sponsored plan?
- 2 ... an employer-sponsored plan?
- 3 ... a private plan?
- DK, R

INS_Q2 **[(Do/Does) [you/FNAME] have insurance that covers all or part of:]**
... [your/his/her] dental expenses?

- 1 Yes
- 2 No (Go to INS_Q3)
- DK, R (Go to INS_Q3)

INS_Q2A **Is it:**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 ... a government-sponsored plan?
- 2 ... an employer-sponsored plan?
- 3 ... a private plan?
- DK, R

INS_Q3 **[(Do/Does) [you/FNAME] have insurance that covers all or part of:]**
... the costs of eye glasses or contact lenses?

- 1 Yes
- 2 No (Go to INS_Q4)
- DK, R (Go to INS_Q4)

INS_Q3A

Is it:

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 ... a government-sponsored plan?
 - 2 ... an employer-sponsored plan?
 - 3 ... a private plan?
- DK, R

INS_Q4

([Do/Does] [you/FNAME] have insurance that covers all or part of:)

... hospital charges for a private or semi-private room?

- 1 Yes
- 2 No (Go to INS_END)
- DK, R (Go to INS_END)

INS_Q4A

Is it:

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 ... a government-sponsored plan?
 - 2 ... an employer-sponsored plan?
 - 3 ... a private plan?
- DK, R

INS_END

FLU SHOTS (FLU)

FLU_C1 If (do FLU block = 2), then go to FLU_END.
 FLUnFDO Otherwise, go to FLU_C160.

FLU_C160 If proxy interview, go to FLU_END.
 Otherwise, go to FLU_Q160.

FLU_Q160 **Now a few questions about your use of various health care services.**
 FLUn_160

Have you ever had a flu shot?

- 1 Yes
- 2 No (Go to FLU_C166)
- DK, R (Go to FLU_END)

FLU_Q162 **When did you have your last flu shot?**
 FLUn_162 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago** (Go to FLU_END)
- 2 **1 year to less than 2 years ago**
- 3 **2 years ago or more**
- DK, R (Go to FLU_END)

FLU_C166 If age < 50, go to FLU_END.

FLU_Q166 **What are the reasons that you have not had a flu shot in the past year?**
INTERVIEWER: Mark all that apply.

- FLUn_66A 1 Have not gotten around to it
- FLUn_66B 2 Respondent - did not think it was necessary
- FLUn_66C 3 Doctor - did not think it was necessary
- FLUn_66D 4 Personal or family responsibilities
- FLUn_66E 5 Not available - at time required
- FLUn_66F 6 Not available - at all in the area
- FLUn_66G 7 Waiting time was too long
- FLUn_66H 8 Transportation - problems
- FLUn_66I 9 Language - problem
- FLUn_66J 10 Cost
- FLUn_66K 11 Did not know where to go / uninformed
- FLUn_66L 12 Fear (e.g., painful, embarrassing, find something wrong)
- FLUn_66M 13 Bad reaction to previous shot
- FLUn_66O 14 Unable to leave the house because of a health problem
- FLUn_66N 15 Other - Specify
- DK, R

FLU_C166S If FLU_Q166 <> 15, go to FLU_END.
Otherwise, go to FLU_Q166S.

FLU_Q166S INTERVIEWER: Specify.

(80 spaces)
DK, R

FLU_END

FOR INFORMATION ONLY

BLOOD PRESSURE CHECK (BPC)

BPC_C010 If (do BPC block = 2) or proxy interview, go to BPC_END.
BPCnFDO Otherwise, go to BPC_Q010.

BPC_Q010 **(Now blood pressure)**
BPCn_010 **Have you ever had your blood pressure taken?**

- 1 Yes
- 2 No (Go to BPC_C016)
- DK, R (Go to BPC_END)

BPC_Q012 **When was the last time?**
BPCn_012 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to BPC_END)
- 2 **6 months to less than 1 year ago** (Go to BPC_END)
- 3 **1 year to less than 2 years ago** (Go to BPC_END)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**
DK, R (Go to BPC_END)

BPC_C016 If age < 25, go to BPC_END.
Otherwise, go to BPC_Q016.

BPC_Q016 **What are the reasons that you have not had your blood pressure taken in the past 2 years?**
INTERVIEWER: Mark all that apply.

- BPCn_16A 1 Have not gotten around to it
- BPCn_16B 2 Respondent - did not think it was necessary
- BPCn_16C 3 Doctor - did not think it was necessary
- BPCn_16D 4 Personal or family responsibilities
- BPCn_16E 5 Not available - at time required
- BPCn_16F 6 Not available - at all in the area
- BPCn_16G 7 Waiting time was too long
- BPCn_16H 8 Transportation - problems
- BPCn_16I 9 Language - problem
- BPCn_16J 10 Cost
- BPCn_16K 11 Did not know where to go / uninformed
- BPCn_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BPCn_16N 12 Unable to leave the house because of a health problem
- BPCn_16M 13 Other - Specify
DK, R

BPC_C016S If BPC_Q016 <> 14, go to BPC_END.
Otherwise, go to BPC_Q016S.

BPC_Q016S INTERVIEWER: Specify.

(80 spaces)
DK, R

BPC_END

PAP SMEAR TEST (PAP)

PAP_C1 If (do PAP block = 2), go to PAP_END.

PAPnFDO Otherwise, go to PAP_C020.

PAP_C020 If proxy interview or male or age < 18, go to PAP_END.
Otherwise, go to PAP_Q020.

PAP_Q020 **(Now PAP tests)**

PAPn_020 **Have you ever had a PAP smear test?**

- 1 Yes
- 2 No (Go to PAP_Q026)
- DK, R (Go to PAP_END)

PAP_Q022 **When was the last time?**

PAPn_022 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to PAP_END)
- 2 **6 months to less than 1 year ago** (Go to PAP_END)
- 3 **1 year to less than 3 years ago** (Go to PAP_END)
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to PAP_END)

PAP_Q026 **What are the reasons that you have not had a PAP smear test in the past 3 years?**

INTERVIEWER: Mark all that apply.

- PAPn_26A 1 Have not gotten around to it
- PAPn_26B 2 Respondent - did not think it was necessary
- PAPn_26C 3 Doctor - did not think it was necessary
- PAPn_26D 4 Personal or family responsibilities
- PAPn_26E 5 Not available - at time required
- PAPn_26F 6 Not available - at all in the area
- PAPn_26G 7 Waiting time was too long
- PAPn_26H 8 Transportation - problems
- PAPn_26I 9 Language - problem
- PAPn_26J 10 Cost
- PAPn_26K 11 Did not know where to go / uninformed
- PAPn_26L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PAPn_26M 13 Have had a hysterectomy
- PAPn_26N 14 Hate / dislike having one done
- PAPn_26P 15 Unable to leave the house because of a health problem
- PAPn_26Q 16 Other - Specify
- DK, R

PAP_C026S If PAP_Q026 <> 16, go to PAP_END.
Otherwise, go to PAP_Q026S.

PAP_Q026S INTERVIEWER: Specify.

(80 spaces)
DK, R

PAP_END

FOR INFORMATION ONLY

MAMMOGRAPHY (MAM)

January 14, 2004

MAM_BEG

MAM_C1 If (do MAM block = 1), go to MAM_C030.
Otherwise, go to MAM_END.

MAM_C030 If proxy interview or male, go to MAM_END.
Otherwise, go to MAM_C030A.

MAM_C030A If (female and age < 35), go to MAM_C037.
Otherwise, go to MAM_Q030.

MAM_Q030 **(Now Mammography)**
Have you ever had a mammogram, that is, a breast x-ray?

- 1 Yes
- 2 No (Go to MAM_C036)
- DK, R (Go to MAM_END)

MAM_Q031 **Why did you have it?**
INTERVIEWER: Mark all that apply.
If respondent says “doctor recommended it”, probe for reason.

- 1 Family history of breast cancer
- 2 Part of regular check-up / routine screening
- 3 Age
- 4 Previously detected lump
- 5 Follow-up of breast cancer treatment
- 6 On hormone replacement therapy
- 7 Breast problem
- 8 Other - Specify
- DK, R

MAM_C031S If MAM_Q031 <> 8, go to MAM_Q032.
Otherwise, go to MAM_Q031S.

MAM_Q031S **INTERVIEWER:** Specify.

(80 spaces)
DK, R

- MAM_Q032 **When was the last time?**
INTERVIEWER: Read categories to respondent.
- 1 **Less than 6 months ago** (Go to MAM_C037)
 - 2 **6 months to less than 1 year ago** (Go to MAM_C037)
 - 3 **1 year to less than 2 years ago**(Go to MAM_C037)
 - 4 **2 years to less than 5 years ago**

 - 5 **5 or more years ago**
DK, R (Go to MAM_C037)

MAM_C036 If age < 50 or age > 74, go to MAM_C037.
Otherwise, go to MAM_Q036.

- MAM_Q036 **What are the reasons you have not had one in the past 2 years?**
INTERVIEWER: Mark all that apply.

- 1 Have not gotten around to it
- 2 Respondent - did not think it was necessary
- 3 Doctor - did not think it was necessary
- 4 Personal or family responsibilities
- 5 Not available - at time required
- 6 Not available - at all in the area
- 7 Waiting time was too long
- 8 Transportation - problems
- 9 Language - problem
- 10 Cost
- 11 Did not know where to go / uninformed
- 12 Fear (e.g., painful, embarrassing, find something wrong)
- 13 Unable to leave the house because of a health problem
- 14 Breasts removed / Mastectomy
- 15 Other - Specify
DK, R

MAM_C036S If MAM_Q036 <> 15, go to MAM_C037.
Otherwise, go to MAM_Q036S.

MAM_Q036S INTERVIEWER: Specify.

(80 spaces)
DK, R

MAM_C037 If (age < 15 or age > 49), go to MAM_C038.
Otherwise, go to MAM_Q037.

MAM_Q037 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

- 1 Yes (Go to MAM_END)
(MAM_Q038 will be filled with “No” during head office processing)
- 2 No
DK, R

MAM_C038 If age < 18, go to MAM_END.
Otherwise, go to MAM_Q038.

MAM_Q038 **Have you had a hysterectomy? (in other words, has your uterus been removed)?**

- 1 Yes
- 2 No
DK, R

MAM_END

BREAST EXAMINATIONS (BRX)

January 14, 2004

BRX_BEG

BRX_C1 If (do BRX block = 1), go to BRX_C110.
BRXnFDO Otherwise, go to BRX_END.

BRX_C110 If proxy interview or sex = male or age < 18, go to BRX_END.
 Otherwise, go to BRX_Q110.

BRX_Q110 **(Now breast examinations)**
BRXn_110 **Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?**

- 1 Yes
- 2 No (Go to BRX_Q116)
- DK, R (Go to BRX_END)

BRX_Q112 **When was the last time?**
BRXn_112 **INTERVIEWER:** Read categories to respondent.

- 1 Less than 6 months ago (Go to BRX_END)
- 2 6 months to less than 1 year ago (Go to BRX_END)
- 3 1 year to less than 2 years ago (Go to BRX_END)
- 4 2 years to less than 5 years ago
- 5 5 or more years ago
- DK, R (Go to BRX_END)

BRX_Q116 **What are the reasons that you have not had a breast exam in the past 2 years?**

INTERVIEWER: Mark all that apply.

- BRXn_16A 1 Have not gotten around to it
- BRXn_16B 2 Respondent - did not think it was necessary
- BRXn_16C 3 Doctor - did not think it was necessary
- BRXn_16D 4 Personal or family responsibilities
- BRXn_16E 5 Not available - at time required
- BRXn_16F 6 Not available - at all in the area
- BRXn_16G 7 Waiting time was too long
- BRXn_16H 8 Transportation - problems
- BRXn_16I 9 Language - problem
- BRXn_16J 10 Cost
- BRXn_16K 11 Did not know where to go / uninformed
- BRXn_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BRXn_16N 13 Unable to leave the house because of a health problem
- BRXn_16O 14 Breasts removed / mastectomy
- BRXn_16M 15 Other - Specify
- DK, R

BRX_C116S If BRX_Q116 = 15, go to BRX_Q116S.
Otherwise, go to BRX_END.

BRX_Q116S INTERVIEWER: Specify.

(80 spaces)
DK, R

BRX_END

FOR INFORMATION ONLY

BREAST SELF EXAMINATIONS (BSX)

January 14, 2004

BSX_BEG

BSX_C120A If (do BSX block = 1) , go to BSX_C120B;
Otherwise, go to BSX_C120B.

BSX_C120B If proxy interview, go to BSX_END.
Otherwise, go to BSX_C120C.

BSX_C120C If male or age < 18, go to BSX_END.
Otherwise, go to BSX_END.

BSX_Q120 **(Now breast self examinations)**
Have you ever examined your breasts for lumps (tumours, cysts)?

- 1 Yes
- 2 No (Go to BSX_END)
- DK, R (Go to BSX_END)

BSX_Q121 **How often?**
INTERVIEWER: Read categories to respondent.

- 1 **At least once a month**
- 2 **Once every 2 to 3 months**
- 3 **Less often than every 2 to 3 months**
- DK, R

BSX_Q122 **How did you learn to do this?**
INTERVIEWER: Mark all that apply.

- 1 Doctor
- 2 Nurse
- 3 Book / magazine / pamphlet
- 4 TV / video / film
- 5 Family member (e.g., mother, sister, cousin)
- 6 Other - Specify
- DK, R

BSX_C122S If BSX_Q122 = 6, go to BSX_Q122S.
Otherwise, go to BSX_END.

BSX_Q122S INTERVIEWER: Specify.

(80 spaces)
DK, R

BSX_END

HORMONE REPLACEMENT THERAPY (HRT)

March 29, 2004

HRT_BEG

HRT_C01A If (do HRT block = 1), go to HRT_C01B.
Otherwise, go to HRT_END.

HRT_C01B If proxy interview, go to HRT_END.
Otherwise, go to HRT_C01C.

HRT_C01C If (female and age > 30), go to HRT_R01.
Otherwise, go to HRT_END.

HRT_R01 **Now some additional questions on women's health and the use of hormone medication.**

INTERVIEWER: Press <Enter> to continue.

HRT_Q01 **In the past 12 months, have you experienced any symptoms of menopause or ageing. These symptoms may include hot flashes, night sweats, or an irregularity or the stopping of your periods?**

- 1 Yes
- 2 No
- DK
- R (Go to HRT_END)

HRT_Q02 **In the past 12 months, did you take any form of Hormone Replacement Therapy for menopause symptoms or for conditions due to ageing?**

- 1 Yes
- 2 No (Go to HRT_Q07)
- DK, R (Go to HRT_END)

HRT_Q03 **Are you currently taking hormones?**

- 1 Yes
- 2 No
- DK, R

Note: If HRT_Q03 = 1, then DoDid = “do”.
Otherwise, DoDid = “did”.

HRT_Q04 **What type of hormones ^DoDid you take?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 **Estrogen only (e.g., Premarin, Estrace, Vivelle)**
- 2 **Progestin or progesterone only (e.g., Provera, Prometrium)**
- 3 **Both estrogen and progestin (e.g., Premplus, FemHRT, Estalis)**
- 4 Other - Specify
DK, R

HRT_C04S If HRT_Q04 = 4, go to HRT_Q04S.
Otherwise, go to HRT_Q05.

HRT_Q04S INTERVIEWER: Specify.

(80 spaces)
DK, R

Note: MinYear = YearOfBirth+30; CurrentYear = YEAR(SYSDATE)

HRT_Q05 **When did you start this hormone therapy?**
INTERVIEWER: Enter the year (minimum is ^MinYear; maximum is ^CurrentYear).

||_|_| Year
(MIN: 1905) (MAX: 2005)
DK, R

HRT_E05 **Year must be between ^MinYear and ^CurrentYear. Please return and correct.**

Note: Trigger hard edit if HRT_Q05 < MinYear or HRT_Q05 > CurrentYear.

Note: If HRT_Q03 = 1, then Take = “take”.
Otherwise, Take = “took”.

HRT_Q06 **What are the reasons that you ^Take these hormones?**
INTERVIEWER: Mark all that apply.

- 1 To treat - Menopausal symptoms (e.g., hot flashes, night sweats)
- 2 To treat - Gynecological problems (e.g., irregular bleeding)
- 3 To treat or prevent - Osteoporosis
- 4 To prevent - Heart disease
- 5 To treat - Reproductive problems
- 6 To help with - Fatigue, mood or memory loss
- 7 Other - Specify
DK, R

HRT_C06S If HRT_Q06 = 7, go to HRT_Q06S.
Otherwise, go to HRT_C07.

HRT_Q06S INTERVIEWER: Specify.

(80 spaces)
DK, R

HRT_C07 If HRT_Q03 = 1, go to C10.
Otherwise, go to HRT_Q09.

HRT_Q07 **Have you ever taken any form of Hormone Replacement Therapy for menopause symptoms or for conditions due to ageing?**

- 1 Yes
- 2 No (Go to HRT_C10)
- DK, R (Go to HRT_C10)

HRT_Q08 **What are the reasons that you took these hormones?**
INTERVIEWER: Mark all that apply.

- 1 To treat - Menopausal symptoms (e.g., hot flashes, night sweats)
- 2 To treat - Gynaecological problems (e.g., irregular bleeding)
- 3 To treat or prevent - Osteoporosis
- 4 To prevent - Heart disease
- 5 To treat - Reproductive problems
- 6 To help with - Fatigue, mood or memory loss
- 7 Other - Specify
DK, R

HRT_C08S If HRT_Q08 = 7, go to HRT_Q08S.
Otherwise, go to HRT_Q09.

HRT_Q08S INTERVIEWER: Specify.

(80 spaces)
DK, R

HRT_Q09 **What are the reasons that you stopped taking hormones?**
INTERVIEWER: Mark all that apply.

- 1 Worried / read about possible health risks
- 2 Doctor recommended
- 3 Menopausal symptoms improved
- 4 Learned about alternative health products
- 5 Diagnosed with health problem / condition
- 6 Adverse reaction to medication
- 7 Other - Specify
DK, R

HRT_C09S If HRT_Q09 = 7, go to HRT_Q09S.
Otherwise, go to HRT_C10.

HRT_Q09S INTERVIEWER: Specify.

(80 spaces)
DK, R

HRT_C10 If HRT_Q01 = 1 or HRT_Q02 = 1, go to HRT_Q10.
Otherwise, go to HRT_END.

HRT_Q10 **Some women use health products such as herbs, minerals or homeopathic supplements to relieve symptoms of menopause or conditions of ageing.**

In the past 12 months, have you used any of these health products to relieve your symptoms?

- 1 Yes
- 2 No (Go to HRT_Q12)
- DK, R (Go to HRT_Q12)

HRT_Q11 **What have you used?**
INTERVIEWER: Mark all that apply.

- 1 Vitamins or other dietary supplements (e.g., Melatonin, Calcium)
- 2 Herbs (e.g., Black Cohosh, Oil of Evening Primrose)
- 3 Herbal teas
- 4 Other – Specify
- DK, R

HRT_C11S If HRT_Q11 = 4, go to HRT_Q11S.
Otherwise, go to HRT_END.

HRT_Q11S INTERVIEWER: Specify.

(80 spaces)
DK, R

HRT_Q12 **Other than taking hormones or health products, in the past 12 months, did you do anything else to relieve your symptoms?**

- 1 Yes
- 2 No (Go to HRT_END)
- DK, R (Go to HRT_END)

HRT_Q13

What did you do?

INTERVIEWER: Mark all that apply.

- 1 Ate more foods rich in soy, flax or calcium
- 2 Ate more legumes (i.e., beans, peas)
- 3 Avoided certain foods or activities (e.g., spicy foods, alcohol, hot tubs)
- 4 Increased exercise
- 5 Did relaxation exercises (e.g., yoga, Tai Chi)
- 6 Received massage therapy treatments
- 7 Other - Specify
DK, R

HRT_C13S

If HRT_Q13 = 7, go to HRT_Q13S.
Otherwise, go to HRT_END.

HRT_Q13S

INTERVIEWER: Specify.

(80 spaces)
DK, R

HRT_END

EYE EXAMINATIONS (EYX)

EYX_C140A If (EYX block = 2) or proxy interview, go to EYX_END.
 EYXnFDO Otherwise, go to EYX_C140B.

EYX_C140C If HCU_Q02B = 0, DK or R (Has not seen or talked to an eye doctor in past 12 months), go to EYX_Q142.
 Otherwise, go to EYX_Q140.

EYX_Q140 **(Now eye examinations)**
 EYXn_140 **It was reported earlier that you have “seen” or “talked to” an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?**

- 1 Yes (Go to EYX_END) (EYX_Q142 = 1 will be filled during processing)
- 2 No
 DK, R (Go to EYX_END)

EYX_Q142 **When did you last have an eye examination?**
 EYXn_142 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 1 year ago** (Go to EYX_END)
- 2 **1 year to less than 2 years ago** (Go to EYX_END)
- 3 **2 years to less than 3 years ago**
- 4 **3 or more years ago**
- 5 Never
 DK, R (Go to EYX_END)

EYX_Q146 **What are the reasons that you have not had an eye examination in the past 2 years?**
INTERVIEWER: Mark all that apply.

- EYXn_46A 1 Have not gotten around to it
- EYXn_46B 2 Respondent - did not think it was necessary
- EYXn_46C 3 Doctor - did not think it was necessary
- EYXn_46D 4 Personal or family responsibilities
- EYXn_46E 5 Not available - at time required
- EYXn_46F 6 Not available - at all in the area
- EYXn_46G 7 Waiting time was too long
- EYXn_46H 8 Transportation - problems
- EYXn_46I 9 Language - problem
- EYXn_46J 10 Cost
- EYXn_46K 11 Did not know where to go / uninformed
- EYXn_46L 12 Fear (e.g., painful, embarrassing, find something wrong)
- EYXn_46N 13 Unable to leave the house because of a health problem
- EYXn_46M 14 Other – Specify
 DK, R

EYX_C146S If EYX_Q146 <> 14, go to EYX_END.
 Otherwise, go to EYX_Q146S.

EYX_Q146S INTERVIEWER: Specify.

(80 spaces)

EYX_END

FOR INFORMATION ONLY

PHYSICAL CHECK-UP (PCU)

PCU_C1 If (PCU block = 2), go to PCU_END.
 PCUnFDO Otherwise go to PCU_C150.

PCU_C150 If proxy interview, go to PCU_END.
 Otherwise, go to PCU_Q150.

PCU_Q150 **(Now physical check-ups)**
 PCUn_150 **Have you ever had a physical check-up without having a specific health problem?**

- 1 Yes (Go to PCU_Q152)
- 2 No
 DK, R (Go to PCU_END)

PCU_Q151 **Have you ever had one during a visit for a health problem?**
 PCUn_151

- 1 Yes
- 2 No (Go to PCU_Q156)
 DK, R (Go to PCU_END)

PCU_Q152 **When was the last time?**
 PCUn_152 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 1 year ago** (Go to PCU_END)
- 2 **1 year to less than 2 years ago** (Go to PCU_END)
- 3 **2 years to less than 3 years ago** (Go to PCU_END)
- 4 **3 years to less than 4 years ago**
- 5 **4 years to less than 5 years ago**
- 6 **5 or more years ago**
 DK, R (Go to PCU_END)

PCU_Q156 **What are the reasons that you have not had a check-up in the past 3 years?**
INTERVIEWER: Mark all that apply.

- PCUn_56A 1 Have not gotten around to it
- PCUn_56B 2 Respondent - did not think it was necessary
- PCUn_56C 3 Doctor - did not think it was necessary
- PCUn_56D 4 Personal or family responsibilities
- PCUn_56E 5 Not available - at time required
- PCUn_56F 6 Not available - at all in the area
- PCUn_56G 7 Waiting time was too long
- PCUn_56H 8 Transportation - problems
- PCUn_56I 9 Language - problem
- PCUn_56J 10 Cost
- PCUn_56K 11 Did not know where to go / uninformed
- PCUn_56L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PCUn_56N 13 Unable to leave the house because of a health problem
- PCUn_56M 14 Other - Specify
 DK, R

PCU_C156S If PCU_Q156 <> 14, go to PCU_END.
Otherwise, go to PCU_Q156S.

PCU_Q156S INTERVIEWER: Specify.

(80 spaces)
DK, R

PCU_END

FOR INFORMATION ONLY

PROSTATE CANCER SCREENING (PSA)

PSA_C1 If (do PSA block = 2), go to PSA_END.
PSAnFDO Otherwise, go to PSA_C170.

PSA_C170 If proxy interview, go to PSA_END.
Otherwise, go to PSA_C170A.

PSA_C170A If female or age < 35, go to PSA_END.
Otherwise, go to PSA_Q170.

PSA_Q170 **(Now Prostate tests)**
PSAn_170 **Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

- | | | |
|---|-----|------------------|
| 1 | Yes | |
| 2 | No | (Go to PSA_Q174) |
| | DK | (Go to PSA_Q174) |
| | R | (Go to PSA_END) |

PSA_Q172 **When was the last time?**
PSAn_172 **INTERVIEWER:** Read categories to respondent.

- | | |
|---|---|
| 1 | Less than 1 year ago |
| 2 | 1 year to less than 2 years ago |
| 3 | 2 years to less than 3 years ago |
| 4 | 3 years to less than 5 years ago |
| 5 | 5 or more years ago |
| | DK, R |

PSA_Q173 **Why did you have it?**
INTERVIEWER: Mark all that apply.
If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- | | | |
|----------|---|--|
| PSAn_73A | 1 | Family history of prostate cancer |
| PSAn_73B | 2 | Part of regular check-up / routine screening |
| PSAn_73C | 3 | Age |
| PSAn_73G | 4 | Race |
| PSAn_73D | 5 | Follow-up of problem |
| PSAn_73E | 6 | Follow-up of prostate cancer treatment |
| PSAn_73F | 7 | Other - Specify |
| | | DK, R |

PSA_C173S If PSA_Q173 <> 7, go to PSA_Q174.
Otherwise, go to PSA_Q173S.

PSA_Q173S **INTERVIEWER:** Specify.

(80 spaces)
DK, R

PSA_Q174
PSAn_174

**A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.
Have you ever had this exam?**

- 1 Yes
- 2 No (Go to PSA_END)
- DK, R (Go to PSA_END)

PSA_Q175
PSAn_175

When was the last time?

INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R

PSA_END

FOR INFORMATION ONLY

COLORECTAL CANCER SCREENING (CCS)

CCS_C1 If (do CCS block = 2), go to CCS_END.
CCSnFDO Otherwise, go to CCS_C180.

CCS_C180 If proxy interview or age < 35, go to CCS_END.
 Otherwise, go to CCS_Q180.

CCS_Q180 **Now a few questions about various Colorectal exams.**
CCSn_180

An FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick to smear a small sample on a special card. Have you ever had this test?

- 1 Yes
- 2 No (Go to CCS_Q184)
- DK (Go to CCS_Q184)
- R (Go to CCS_END)

CCS_Q182 **When was the last time?**
CCSn_182 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 years to less than 10 years ago**
- 6 **10 or more years ago**
- DK, R

CCS_Q183 **Why did you have it?**
INTERVIEWER: Mark all that apply.
If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- CCSn_83A 1 Family history of colorectal cancer
- CCSn_83B 2 Part of regular check-up / routine screening
- CCSn_83C 3 Age
- CCSn_83G 4 Race
- CCSn_83D 5 Follow-up of problem
- CCSn_83E 6 Follow-up of colorectal cancer treatment
- CCSn_83F 7 Other - Specify
- DK, R

CCS_C183S If CCS_Q183 <> 7, go to CCS_Q184.
 Otherwise, go to CCS_Q183S.

CCS_Q183S INTERVIEWER: Specify.

(80 spaces)
DK, R

CCS_Q184 **A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum
CCSn_184 to view the bowel for early signs of cancer and other health problems.
Have you ever had either of these exams?**

- 1 Yes
- 2 No (Go to CCS_END)
- DK, R (Go to CCS_END)

CCS_Q185 **When was the last time?**
CCSn_185 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago**
- 3 **2 years to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 years to less than 10 years ago**
- 6 **10 or more years ago**
- DK, R

CCS_Q186 **Why did you have it?**
INTERVIEWER: Mark all that apply.
If respondent says "Doctor recommended it" or "I requested it", probe for reason.

- CCSn_86A 1 Family history of colorectal cancer
- CCSn_86B 2 Part of regular check-up / routine screening
- CCSn_86C 3 Age
- CCSn_86G 4 Race
- CCSn_86D 5 Follow-up of problem
- CCSn_86E 6 Follow-up of colorectal cancer treatment
- CCSn_86F 7 Other - Specify
- DK, R

CCS_C186S If CCS_Q186 <> 7, go to CCS_C187.
Otherwise, go to CCS_Q186S.

CCS_Q186S INTERVIEWER: Specify.

(80 spaces)

DK, R

CCS_C187 If CCS_Q180 = 1 (had a FOBT), go to CCS_Q187.
Otherwise, go to CCS_END.

CCS_Q187 **Was the colonoscopy or sigmoidoscopy a follow-up of the results of an
CCSn_187 FOBT?**

- 1 Yes
- 2 No
- DK, R

CCS_END

DENTAL VISITS (DEN)

DEN_BEG Set WearsDentures = No

DEN_C130A If (do DEN block = 2), go to DEN_END.
DENnFDO Otherwise, go to DEN_C130B.

DEN_C130B If proxy interview, go to DEN_END.
Otherwise, go to DEN_C130C.

DEN_C130C If HCU_Q02E = 0, DK or R (has not seen or talked to a dentist in past 12 months), go to DEN_Q132.
Otherwise, go to DEN_Q130.

DEN_Q130 **(Now dental visits)**
DENn_130 **It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months. Did you actually visit one?**

- 1 Yes (Go to DEN_END) (DEN_Q132 = 1 will be filled during processing)
- 2 No
- DK, R (Go to DEN_END)

DEN_Q132 **When was the last time that you went to a dentist?**
DENn_132 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than 1 year ago**
- 2 **1 year to less than 2 years ago** (Go to DEN_END)
- 3 **2 years to less than 3 years ago** (Go to DEN_END)
- 4 **3 years to less than 4 years ago** (Go to DEN_Q136)
- 5 **4 years to less than 5 years ago** (Go to DEN_Q136)
- 6 **5 or more years ago** (Go to DEN_Q136)
- 7 Never (Go to DEN_Q136)
- DK, R (Go to DEN_END)

DEN_E132 If DEN_Q132 = 1 and HCU_Q02E = 0, show pop-up edit as follows.
Otherwise, go to DEN_END.

Inconsistent answers have been entered. The respondent went to a dentist less than 1 year ago but previously reported that he/she had not “seen” or “talked” to a dentist in the past 12 months. Please confirm.

DEN_Q136 **What are the reasons that you have not been to a dentist in the past 3 years?**
INTERVIEWER: Mark all that apply.

- DENn_36A 1 Have not gotten around to it
- DENn_36B 2 Respondent - did not think it was necessary
- DENn_36C 3 Dentist - did not think it was necessary
- DENn_36D 4 Personal or family responsibilities
- DENn_36E 5 Not available - at time required
- DENn_36F 6 Not available - at all in the area
- DENn_36G 7 Waiting time was too long
- DENn_36H 8 Transportation - problems
- DENn_36I 9 Language - problem
- DENn_36J 10 Cost
- DENn_36K 11 Did not know where to go / uninformed
- DENn_36L 12 Fear (e.g., painful, embarrassing, find something wrong)
- DENn_36M 13 Wears dentures
- DENn_36O 14 Unable to leave the house because of a health problem
- DENn_36N 15 Other – Specify
DK, R

DEN_D136 If DEN_Q136 = 13, then WearsDentures = Yes.
 Otherwise, WearsDentures = No.

DEN_C136S If DEN_Q136 <> 15, go to DEN_END.
 Otherwise, go to DEN_Q136S.

DEN_Q136S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

DEN_END

ORAL HEALTH 2 (OH2)

OH2_BEG

OH2_C10A If (do OH2 block = 2), go to OH2_END.
Otherwise, go to OH2_C10B.

OH2_C10B If proxy interview, go to OH2_END.
Otherwise, go to OH2_C10C.

OH2_C10C If DEN_Q132 = 7 (never go to the dentist), go to OH2_C11.
Otherwise, go to OH2_Q10.

OH2_Q10 **Do you usually visit the dentist:**
INTERVIEWER: Read categories to respondent.

- 1 ... more than once a year for check-ups?
- 2 ... about once a year for check-ups?
- 3 ... less than once a year for check-ups?
- 4 ... only for emergency care?
DK, R (Go to OH2_END)

OH2_C11 If (do INS block = 2), go to OH2_Q11.
Otherwise, go to OH2_C12.

OH2_Q11 **Do you have insurance that covers all or part of your dental expenses?**
Please include any private, government or employer-paid plans.

- 1 Yes
- 2 No
DK, R

OH2_C12 If DEN_Q130 = 1 or DEN_Q132 = 1 (has visited dentist in past year), go to OH2_Q12.
Otherwise, go to OH2_Q20.

OH2_Q12 **In the past 12 months, have you had any teeth removed by a dentist?**

- 1 Yes
- 2 No (Go to OH2_Q20)
DK, R (Go to OH2_Q20)

OH2_Q13 **(In the past 12 months,) were any teeth removed because of decay or gum disease?**

- 1 Yes
- 2 No
DK, R

- OH2_Q20 **Do you have one or more of your own teeth?**
- 1 Yes
 - 2 No
 DK, R
- OH2_C21 If WearsDentures = Yes (DEN_Q136 = 13, wears dentures), go to OH2_C22.
 Otherwise, go to OH2_Q21.
- OH2_Q21 **Do you wear dentures or false teeth?**
- 1 Yes
 - 2 No
 DK, R
- OH2_C22 If OH2_Q21=1 or DEN_Q136 = 13, use [teeth, mouth or dentures] in [teeth, mouth
 or dentures/teeth or mouth].
 Otherwise, use [teeth or mouth] in [teeth, mouth or dentures/teeth or mouth].
- OH2_QINT22 **Now we have some additional questions about oral health, that is the health
 of your teeth and mouth.**
INTERVIEWER: Press <Enter> to continue.
- OH2_Q22 **Because of the condition of your [teeth, mouth or dentures/teeth or mouth],
 do you have difficulty pronouncing any words or speaking clearly?**
- 1 Yes
 - 2 No
 DK, R
- OH2_Q23 **In the past 12 months, how often have you avoided conversation or contact
 with other people, because of the condition of your [teeth, mouth or
 dentures/teeth or mouth]?**
INTERVIEWER: Read categories to respondent.
- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
 DK, R
- OH2_Q24 **In the past 12 months, how often have you avoided laughing or smiling,
 because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**
- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
 DK, R

OH2_QINT25 **Now some questions about the health of your teeth and mouth during the past month.**

INTERVIEWER: Press <Enter> to continue.

OH2_Q25A **In the past month, have you had:**

... a toothache?

- 1 Yes
- 2 No
DK, R

OH2_Q25B **In the past month, were your teeth:**

... sensitive to hot or cold food or drinks?

- 1 Yes
- 2 No
DK, R

OH2_Q25C **In the past month, have you had:**

... pain in or around the jaw joints?

- 1 Yes
- 2 No
DK, R

OH2_Q25D **(In the past month, have you had:)**

... other pain in the mouth or face?

- 1 Yes
- 2 No
DK, R

OH2_Q25E **(In the past month, have you had:)**

... bleeding gums?

- 1 Yes
- 2 No
DK, R

OH2_Q25F **(In the past month, have you had:)**

... dry mouth?

INTERVIEWER: Do not include thirst caused by exercise.

- 1 Yes
- 2 No
DK, R

OH2_Q25G **(In the past month, have you had:)**

... bad breath?

- 1 Yes
- 2 No
- DK, R

OH2_C30 If OH2_Q20 = 1 (has at least one natural tooth), go to OH2_Q30.
Otherwise, go to OH2_END.

OH2_Q30 **How often do you brush your teeth?**

- 1 More than twice a day
- 2 Twice a day
- 3 Once a day
- 4 Less than once a day but more than once a week
- 5 Once a week
- 6 Less than once a week
- DK, R

OH2_END

FOOD CHOICES (FDC)

FDC_C1A If (do FDC block = 2), then go to FDC_END.
FDCnFDO Otherwise, go to FDC_C1B.

FDC_C1B If proxy interview, go to FDC_END.
Otherwise, go to FDC_QINT.

FDC_QINT **Now, some questions about the foods you eat.**
INTERVIEWER: Press <Enter> to continue.

FDC_Q1A **Do you choose certain foods or avoid others :**
FDCn_1A **... because you are concerned about your body weight?**

- 1 Yes (or sometimes)
- 2 No
 DK, R (Go to FDC_END)

FDC_Q1B **... because you are concerned about heart disease?**

FDCn_1B

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q1C **... because you are concerned about cancer?**

FDCn_1C

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q1D **... because you are concerned about osteoporosis (brittle bones)?**

FDCn_1D

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q2A **Do you choose certain foods because of :**
FDCn_2A **... the lower fat content?**

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q2B **... the fibre content?**

FDCn_2B

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q2C **... the calcium content?**

FDCn_2C

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q3A **Do you avoid certain foods because of :**
FDCn_3A **... the fat content?**

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q3B **... the type of fat they contain?**
FDCn_3B

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q3C **... the salt content?**
FDCn_3C

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q3D **... the cholesterol content?**
FDCn_3D

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_Q3E **... the calorie content?**
FDCn_3E

- 1 Yes (or sometimes)
- 2 No
 DK, R

FDC_END

DIETARY SUPPLEMENT USE (DSU)

DSU_C1A If (do DSU block = 1), go to DSU_C1B.
Otherwise, go to DSU_END.

DSU_C1B If proxy interview, go to DSU_END.
Otherwise, go to DSU_Q1A.

DSU_Q1A **The next few questions are about the use of dietary supplements.**

In the past 4 weeks, did you take any vitamin or mineral supplements?

- 1 Yes
- 2 No (Go to DSU_END)
DK, R (Go to DSU_END)

DSU_Q1B **Did you take them at least once a week?**

- 1 Yes
- 2 No (Go to DSU_Q1D)
DK, R (Go to DSU_END)

DSU_Q1C **Last week, on how many days did you take them?**

|| Days
(MIN: 1) (MAX: 7)
DK, R

Go to DSU_END.

DSU_Q1D **In the past 4 weeks, on how many days did you take them?**

||| Days
(MIN: 1) (MAX: 21)
DK, R

DSU_END

FRUIT AND VEGETABLE CONSUMPTION (FVC)

FVC_C1A If (do FVC block = 2) or proxy interview, go to FVC_END.
 FVCnFDO Otherwise, go to FVC_QINT.

FVC_QINT **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**
INTERVIEWER: Press <Enter> to continue.

FVC_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
 FVCn_1A **(For example: once a day, three times a week, twice a month)**
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC_N1C)
- 3 Per month (Go to FVC_N1D)
- 4 Per year (Go to FVC_N1E)
- 5 Never (Go to FVC_Q2A)
- DK, R (Go to FVC_END)

FVC_N1B INTERVIEWER: Enter number of times per day.
 FVCn_1B

|| Times
 (MIN: 1) (MAX: 20)
 DK, R

Go to FVC_Q2A

FVC_N1C INTERVIEWER: Enter number of times per week.
 FVCn_1C

|| Times
 (MIN: 1) (MAX: 90)
 DK, R

Go to FVC_Q2A

FVC_N1D INTERVIEWER: Enter number of times per month.
 FVCn_1D

||_| Times
 (MIN: 1) (MAX: 200)
 DK, R

Go to FVC_Q2A

FVC_N1E INTERVIEWER: Enter number of times per year.
 FVCn_1E

||_| Times
 (MIN: 1) (MAX: 500)
 DK, R

FVC_Q2A
FVCn_2A

Not counting juice, how often do you usually eat fruit?

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC_N2C)
- 3 Per month (Go to FVC_N2D)
- 4 Per year (Go to FVC_N2E)
- 5 Never (Go to FVC_Q3A)
DK, R (Go to FVC_Q3A)

FVC_N2B
FVCn_2B

INTERVIEWER: Enter number of times per day.

I_I_I Times
(MIN: 1) (MAX: 20)
DK, R

Go to FVC_Q3A

FVC_N2C
FVCn_2C

INTERVIEWER: Enter number of times per week.

I_I_I Times
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_Q3A

FVC_N2D
FVCn_2D

INTERVIEWER: Enter number of times per month.

I_I_I_I Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q3A

FVC_N2E
FVCn_2E

INTERVIEWER: Enter number of times per year.

I_I_I_I Times
(MIN: 1) (MAX: 500)
DK, R

FVC_Q3A
FVCn_3A

How often do you (usually) eat green salad?

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC_N3C)
- 3 Per month (Go to FVC_N3D)
- 4 Per year (Go to FVC_N3E)
- 5 Never (Go to FVC_Q4A)
DK, R (Go to FVC_Q4A)

FVC_N3B
FVCn_3B

INTERVIEWER: Enter number of times per day.

I__I Times
(MIN: 1) (MAX: 20)
DK, R

Go to FVC_Q4A

FVC_N3C
FVCn_3C

INTERVIEWER: Enter number of times per week.

I__I Times
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_Q4A

FVC_N3D
FVCn_3D

INTERVIEWER: Enter number of times per month.

I__I__I Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q4A

FVC_N3E
FVCn_3E

INTERVIEWER: Enter number of times per year.

I__I__I Times
(MIN: 1) (MAX: 500)
DK, R

FVC_Q4A
FVCn_4A

How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips?

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- | | | |
|---|-----------|-----------------|
| 1 | Per day | |
| 2 | Per week | (Go to FVC_N4C) |
| 3 | Per month | (Go to FVC_N4D) |
| 4 | Per year | (Go to FVC_N4E) |
| 5 | Never | (Go to FVC_Q5A) |
| | DK, R | (Go to FVC_Q5A) |

FVC_N4B
FVCn_4B

INTERVIEWER: Enter number of times per day.

I__I Times
(MIN: 1) (MAX: 20)
DK, R

Go to FVC_Q5A

FVC_N4C
FVCn_4C

INTERVIEWER: Enter number of times per week.

I__I Times
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_Q5A

FVC_N4D
FVCn_4D

INTERVIEWER: Enter number of times per month.

I__I__I Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q5A

FVC_N4E
FVCn_4E

INTERVIEWER: Enter number of times per year.

I__I__I Times
(MIN: 1) (MAX: 500)
DK, R

FVC_Q5A
FVCn_5A

How often do you (usually) eat carrots?
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FVC_N5C)
- 3 Per month (Go to FVC_N5D)
- 4 Per year (Go to FVC_N5E)
- 5 Never (Go to FVC_Q6A)
- DK, R (Go to FVC_Q6A)

FVC_N5B
FVCn_5B

INTERVIEWER: Enter number of times per day.

I__I Times
(MIN: 1) (MAX: 20)
DK, R

Go to FVC_Q6A

FVC_N5C
FVCn_5C

INTERVIEWER: Enter number of times per week.

I__I Times
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_Q6A

FVC_N5D
FVCn_5D

INTERVIEWER: Enter number of times per month

I__I__I Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q6A

FVC_N5E
FVCn_5E

INTERVIEWER: Enter number of times per year.

I_I_I_I Times
(MIN: 1) (MAX: 500)
DK, R

FVC_Q6A
FVCn_6A

Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- | | | |
|---|-----------|-----------------|
| 1 | Per day | |
| 2 | Per week | (Go to FVC_N6C) |
| 3 | Per month | (Go to FVC_N6D) |
| 4 | Per year | (Go to FVC_N6E) |
| 5 | Never | (Go to FVC_END) |
| | DK, R | (Go to FVC_END) |

FVC_N6B
FVCn_6B

INTERVIEWER: Enter number of servings per day.

I_I_I Servings
(MIN: 1) (MAX: 20)
DK, R

Go to FVC_END

FVC_N6C
FVCn_6C

INTERVIEWER: Enter number of servings per week.

I_I_I Servings
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_END

FVC_N6D
FVCn_6D

INTERVIEWER: Enter number of servings per month.

I_I_I_I Servings
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_END

FVC_N6E
FVCn_6E

INTERVIEWER: Enter number of servings per year.

I_I_I_I Servings
(MIN: 1) (MAX: 500)
DK, R

FVC_END

PHYSICAL ACTIVITIES (PAC)

February 27, 2004

PAC_BEG

PAC_C1 If (do PAC block = 1), go to PAC_C2.
Otherwise, go to PAC_END.

PAC_C2 If proxy interview, go to PAC_END.

PAC_R1 **Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**
INTERVIEWER: Press <Enter> to continue.

PAC_Q1 **Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | | |
|----|---|----|--|
| 1 | Walking for exercise | 13 | Downhill skiing or snowboarding |
| 2 | Gardening or yard work | 14 | Bowling |
| 3 | Swimming | 15 | Baseball or softball |
| 4 | Bicycling | 16 | Tennis |
| 5 | Popular or social dance | 17 | Weight-training |
| 6 | Home exercises | 18 | Fishing |
| 7 | Ice hockey | 19 | Volleyball |
| 8 | Ice skating | 20 | Basketball |
| 9 | In-line skating or rollerblading | 21 | Soccer |
| 10 | Jogging or running | 22 | Any other (Go to PAC_Q1VS) |
| 11 | Golfing | 23 | No physical activity |
| 12 | Exercise class or aerobics | | (Go to PAC_R2) |

DK, R (Go to PAC_END)

If "Any other" is chosen as a response, go to PAC_Q1VS.
Otherwise, go to PAC_Q2.

PAC_Q1VS **What was this activity?**
INTERVIEWER: Enter one activity only.

(80 spaces)

DK, R (Go to PAC_Q2)

PAC_Q1X **In the past 3 months, did you do any other physical activity for leisure?**

- | | | |
|---|-------|----------------|
| 1 | Yes | |
| 2 | No | (Go to PAC_Q2) |
| | DK, R | (Go to PAC_Q2) |

PAC_Q1XS **What was this activity?**
INTERVIEWER: Enter one activity only.

 (80 spaces)
 DK, R (Go to PAC_Q2)

PAC_Q1Y **In the past 3 months, did you do any other physical activity for leisure?**

1 Yes
 2 No (Go to PAC_Q2)
 DK, R (Go to PAC_Q2)

PAC_Q1YS **What was this activity?**
INTERVIEWER: Enter one activity only.

 (80 spaces)
 DK, R (Go to PAC_Q2)

For each activity identified in PAC_Q1, ask PAC_Q2 and PAC_Q3

PAC_E1 If “No physical activity” is chosen in PAC_Q1 with any other response, show pop-up edit as follows.

**You cannot select “No physical activity” and another category.
 Please return and correct.**

PAC_C2 If PAC_Q1 = 22 only and PAC_Q1VS = DK, R go to PAC_R2.
 Otherwise, go to PAC_Q2.

PAC_Q2 **In the past 3 months, how many times did you [participate in identified activity]?**

____ Times
 (MIN: 1) (MAX: 99 for each activity except the following:
 Walking: MAX = 270
 Bicycling: MAX = 200
 Other activities: MAX = 200)
 DK, R (Go to next activity)

PAC_Q3 **About how much time did you spend on each occasion?**

1 1 to 15 minutes
 2 16 to 30 minutes
 3 31 to 60 minutes
 4 More than one hour

PAC_R2 **Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but not leisure time activity.**
INTERVIEWER: Press <Enter> to continue.

PAC_Q4A **In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours
DK, R

PAC_Q4B **(In a typical week in the past 3 months,) how many hours did you usually spend bicycling to work or to school or while doing errands?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours
DK, R

PAC_Q6 **Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?**

INTERVIEWER: Read categories to respondent.

- 1 **Usually sit during the day and don't walk around very much**
- 2 **Stand or walk quite a lot during the day but don't have to carry or lift things very often**
- 3 **Usually lift or carry light loads, or have to climb stairs or hills often**
- 4 **Do heavy work or carry very heavy loads**

PAC_END

SEDENTARY ACTIVITIES (SAC)

March 24, 2004

SAC_BEG

SAC_C1 If (do SAC block = 1), go to SAC_CINT.
Otherwise, go to SAC_END.

SAC_CINT If proxy interview, go to SAC_END.
Otherwise, go to SAC_QINT.

SAC_QINT **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**
INTERVIEWER: Press <Enter> to continue.

SAC_Q1 **In a typical week in the past 3 months, how much time did you usually spend on computer, including playing computer games and using the Internet?**
INTERVIEWER: Do not include time spent at work or at school.

- 1 None
 - 2 Less than 1 hour
 - 3 From 1 to 2 hours
 - 4 From 3 to 5 hours
 - 5 From 6 to 10 hours
 - 6 From 11 to 14 hours
 - 7 From 15 to 20 hours
 - 8 More than 20 hours
- DK, R (Go to SAC_END)

SAC_C2 If age > 19, go to SAC_Q3.

SAC_Q2 **(In a typical week, in the past 3 months,) how much time did you usually spend playing video games, such as XBOX, Nintendo and Playstation?**

- 1 None
 - 2 Less than 1 hour
 - 3 From 1 to 2 hours
 - 4 From 3 to 5 hours
 - 5 From 6 to 10 hours
 - 6 From 11 to 14 hours
 - 7 From 15 to 20 hours
 - 8 More than 20 hours
- DK, R

SAC_Q3 **(In a typical week in the past 3 months,) how much time did you usually spend watching television or videos?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours
DK, R

SAC_Q4 **(In a typical week, in the past 3 months,) how much time did you usually spend reading, not counting at work or at school?**
INTERVIEWER: Include books, magazines, newspapers, homework.

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours
DK, R

SAC_END

LEISURE ACTIVITIES (LEI)

February 16, 2004

LEI_BEG

LEI_C1 If (do LEI block = 2), go to LEI_END.
Otherwise, go to LEI_C2.

LEI_C2 If proxy interview, go to LEI_END.
Otherwise, go to LEI_C3.

LEI_C3 If (do SAC block = 1), go to LEI_Q01.
Otherwise, go to LEI_QINT.

LEI_QINT **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**
INTERVIEWER: Press <Enter> to continue.

LEI_Q01 **In a typical week in the past 3 months, how much time did you usually spend playing cards or other games?**

- 1 None
 - 2 Less than 1 hour
 - 3 From 1 to 2 hours
 - 4 From 3 to 5 hours
 - 5 From 6 to 10 hours
 - 6 From 11 to 14 hours
 - 7 From 15 to 20 hours
 - 8 More than 20 hours
- DK, R

LEI_Q02 **(In a typical week in the past 3 months), how much time did you usually spend listening to radio, CD's or other recorded music?**

- 1 None
 - 2 Less than 1 hour
 - 3 From 1 to 2 hours
 - 4 From 3 to 5 hours
 - 5 From 6 to 10 hours
 - 6 From 11 to 14 hours
 - 7 From 15 to 20 hours
 - 8 More than 20 hours
- DK, R

LEI_Q03 (In a typical week in the past 3 months),
how much time did you usually spend doing crafts or other hobbies such as
painting, knitting, collecting or woodworking?

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours
DK, R

LEI_Q04 (In a typical week in the past 3 months),
how much time did you usually spend visiting with family or friends?

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours
DK, R

LEI_Q05 (In a typical week in the past 3 months),
how much time did you usually spend attending events or entertainment
such as going to movies, concerts, sporting events or theatre?

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours
DK, R

LEI_END

USE OF PROTECTIVE EQUIPMENT (UPE)

- UPE_C1A
UPEnFDO If (do UPE block = 2), go to UPE_END.
Otherwise, go to UPE_C1B.
- UPE_C1B If proxy interview, go to UPE_END.
Otherwise, go to UPE_CINT.
- UPE_CINT If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q1 = 9 (in-line skating or rollerblading) or PAC_Q1 = 13 (downhill skiing or snowboarding), or PAC_Q4B > 1 and PAC_Q4B < 7 (bicycling to work), go to UPE_QINT.
Otherwise, go to UPE_C3A.
- UPE_QINT **Now a few questions about precautions you take while participating in physical activities.**
INTERVIEWER: Press <Enter> to continue.
- UPE_C1C If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q4B > 1 and PAC_Q4B < 7 (bicycling to work), go to UPE_Q1.
Otherwise, go to UPE_C2A.
- UPE_Q1
UPEn_01 **When riding a bicycle, how often do you wear a helmet?**
INTERVIEWER: Read categories to respondent.
- 1 **Always**
 - 2 **Most of the time**
 - 3 **Rarely**
 - 4 **Never**
DK, R
- UPE_C2A If PAC_Q1 = 9 (in-line skating or rollerblading), go to UPE_Q2A.
Otherwise, go to UPE_C3A.
- UPE_Q2A
UPEn_02A **When in-line skating or rollerblading, how often do you wear a helmet?**
- 1 Always
 - 2 Most of the time
 - 3 Rarely
 - 4 Never
DK, R
- UPE_Q2B
UPEn_02B **How often do you wear wrist guards or wrist protectors?**
- 1 Always
 - 2 Most of the time
 - 3 Rarely
 - 4 Never
DK, R

UPE_Q2C **How often do you wear elbow pads?**

UPEn_02C

- 1 Always
 - 2 Most of the time
 - 3 Rarely
 - 4 Never
- DK, R

UPE_C3A If PAC_Q1 = 13 (downhill skiing or snowboarding), go to UPE_Q3A.
Otherwise, go to UPE_Q3B.

UPE_Q3A **Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months. Was that :**

UPEn_03A

INTERVIEWER: Read categories to respondent.

- 1 ... **downhill skiing only?** (Go to UPE_Q4A)
 - 2 ... **snowboarding only?** (Go to UPE_C5A)
 - 3 ... **both ?** (Go to UPE_Q4A)
- DK, R (Go to UPE_C6)

UPE_Q3B **In the past 12 months, did you do any downhill skiing or snowboarding?**

UPEn_03B

INTERVIEWER: Read categories to respondent.

- 1 **Downhill skiing only** (Go to UPE_Q4A)
 - 2 **Snowboarding only** (Go to UPE_C5A)
 - 3 **Both** (Go to UPE_Q4A)
 - 4 **Neither** (Go to UPE_C6)
- DK, R (Go to UPE_C6)

UPE_Q4A **When downhill skiing, how often do you wear a helmet?**

UPEn_04A

INTERVIEWER: Read categories to respondent.

- 1 **Always**
 - 2 **Most of the time**
 - 3 **Rarely**
 - 4 **Never**
- DK, R

UPE_C5A If UPE_Q3A = 2 or 3 (snowboarding or both) or UPE_Q3B = 2 or 3, go to UPE_Q5A.
Otherwise, go to UPE_C6.

UPE_Q5A **When snowboarding, how often do you wear a helmet?**

UPEn_05A

- 1 Always
 - 2 Most of the time
 - 3 Rarely
 - 4 Never
- DK, R

UPE_Q5B **How often do you wear wrist guards or wrist protectors?**

UPEn_05B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
DK, R

UPE_C6 If age \geq 12 or \leq 19, go to UPE_Q6.
Otherwise, go to UPE_END.

UPE_Q6 **In the past 12 months, have you done any skateboarding?**

UPEn_06

- 1 Yes
- 2 No (Go to UPE_END)
DK, R (Go to UPE_END)

UPE_Q6A **How often do you wear a helmet?**

UPEn_06A

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
DK, R

UPE_Q6B **How often do you wear wrist guards or wrist protectors?**

UPEn_06B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
DK, R

UPE_Q6C **How often do you wear elbow pads?**

UPEn_06C

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
DK, R

UPE_END

SUN SAFETY (SSB)

SSB_C1 If (do SSB block = 2), go to SSB_END.
SSBnFDO Otherwise, go to SSB_C2.

SSB_C2 If proxy interview, go to SSB_END.
Otherwise, go to SSB_QINT1.

SSB_QINT1 **The next few questions are about exposure to the sun and sunburns. Sunburn is defined as any reddening or discomfort of the skin, that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**
INTERVIEWER: Press <Enter> to continue.

SSB_Q01 **In the past 12 months, has any part of your body been sunburnt?**
SSBn_01

- 1 Yes
- 2 No (Go to SSB_C04)
DK, R (Go to SSB_END)

SSB_Q02 **Did any of your sunburns involve blistering?**
SSBn_02

- 1 Yes
- 2 No
DK, R

SSB_Q03 **Did any of your sunburns involve pain or discomfort that lasted for more than 1 day?**
SSBn_03

- 1 Yes
- 2 No
DK, R

SSB_C04 If HasSkinCancer = Yes, go to SSB_QINT6.
Otherwise, go to SSB_Q04.

SSB_Q04 **Have you ever been diagnosed with skin cancer?**
SSBn_04

- 1 Yes
- 2 No
DK, R

SSB_QINT6 **For the next questions, think about a typical weekend, or day off from work or school in the summer months.**
INTERVIEWER: Press <Enter> to continue.

SSB_Q06
SSBn_06

About how much time each day do you spend in the sun between 11 am and 4 pm?

- 1 None (Go to SSB_END)
- 2 Less than 30 minutes (Go to SSB_END)
- 3 30 to 59 minutes
- 4 1 hour to less than 2 hours
- 5 2 hours to less than 3 hours
- 6 3 hours to less than 4 hours
- 7 4 hours to less than 5 hours
- 8 5 hours
DK, R (Go to SSB_END)

SSB_Q07
SSBn_07

In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:

... seek shade?

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Often**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never**
DK, R

SSB_Q08
SSBn_08

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more,) how often do you:

... wear a hat that shades your face, ears and neck?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
DK, R

SSB_Q09A
SSBn_09A

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more,) how often do you:

... wear long pants or a long skirt to protect your skin from the sun?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
DK, R

SSB_Q09B (In the summer months, on a typical weekend or day off, when you are in
SSBn_09B the sun for 30 minutes or more,) how often do you:

... use sunscreen on your face?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB_Q11)
- 5 Never (Go to SSB_Q11)
DK, R (Go to SSB_Q11)

SSB_Q10 What Sun Protection factor (SPF) do you usually use?
SSBn_10

- 1 Less than 15
- 2 15 to 25
- 3 More than 25
DK, R

SSB_Q11 (In the summer months, on a typical weekend or day off, when you are in
SSBn_11 the sun for 30 minutes or more,) how often do you:

... use sunscreen on your body?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB_END)
- 5 Never (Go to SSB_END)
DK, R (Go to SSB_END)

SSB_Q12 What Sun Protection factor (SPF) do you usually use?
SSBn_12

- 1 Less than 15
- 2 15 to 25
- 3 More than 25
DK, R

SSB_END

INJURIES (INJ) (REP)

REP_C1 If (do INJ block = 2), go to INJ_END.
 INJnFDO Otherwise, go to REP_QINT.

Repetitive strain

REP_QINT **This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendonitis.)**
 INTERVIEWER: Press <Enter> to continue.

REP_Q1 **In the past 12 months, that is, from [date one year ago] to yesterday, did**
 REPn_1 **[you/FNAME] have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?**

- 1 Yes
- 2 No (Go to INJ_QINT)
- DK, R (Go to INJ_QINT)

REP_Q3 **Thinking about the most serious repetitive strain, what part of the body was**
 REPn_3 **affected?**

- 1 Head
- 2 Neck
- 3 Shoulder, upper arm
- 4 Elbow, lower arm
- 5 Wrist
- 6 Hand
- 7 Hip
- 8 Thigh
- 9 Knee, lower leg
- 10 Ankle, foot
- 11 Upper back or upper spine (excluding neck)
- 12 Lower back or lower spine
- 13 Chest (excluding back and spine)
- 14 Abdomen or pelvis (excluding back and spine)
- DK, R

REP_Q4 **What type of activity [were/was] [you/he/she] doing when [you/he/she] got this repetitive strain?**

INTERVIEWER: Mark all that apply.

- REPn_4A 1 Sports or physical exercise (include school activities)
- REPn_4B 2 Leisure or hobby (include volunteering)
- REPn_4C 3 Working at a job or business (exclude travel to or from work)
- REPn_4G 4 Travel to or from work
- REPn_4D 5 Household chores, other unpaid work or education
- REPn_4E 6 Sleeping, eating, personal care
- REPn_4F 7 Other - Specify
- DK, R

REP_C4S If REP_Q4 <> 7, go to INJ_CINT.
Otherwise, go to REP_Q4S.

REP_Q4S INTERVIEWER: Specify.

(80 spaces)
DK, R

Number of injuries and details of most serious injury

INJ_CINT If REP_Q1 = 1, use “other injuries” in INJ_QINT.
Otherwise, use “injuries” in INJ_QINT.

INJ_QINT **Now some questions about [other] injuries which occurred in the past 12 months, and were serious enough to limit [your/FNAME’s] normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**
INTERVIEWER: Press <Enter> to continue.

INJ_C01 If REP_Q1 = 1, use “Not counting repetitive strain injuries, in the past 12 months,” in INJ_Q01.
Otherwise, use “In the past 12 months,” in INJ_Q01.

INJ_Q01 **[Not counting repetitive strain injuries, in the past 12 months, / In the past 12 months,] that is, from [date one year ago] to yesterday, [were/was]**
INJn_01 **[you/FNAME] injured?**

- 1 Yes
- 2 No (Go to INJ_Q16)
- DK, R (Go to INJ_END)

INJ_Q02 **How many times [were/was] [you/he/she] injured?**

INJn_02

- [_|_] Times
- (MIN: 1) (MAX: 30; warning after 6)
- DK, R (Go to INJ_END)

INJ_C03 If INJ_Q02 = 1 (one injury), use “In which month” in INJ_Q03.
Otherwise, use “Thinking about the most serious injury, in which month” in INJ_Q03.

INJ_Q03 **[Thinking about the most serious injury, in which month / In which month]**
INJn_03A **did it happen?**

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |

DK, R (Go to INJ_Q05)

INJ_C04 If INJ_Q03 = “current month”, go to INJ_Q04.
Otherwise, go to INJ_Q05.

INJ_Q04 **Was that this year or last year?**

INJn_04

- 1 This year
- 2 Last year
- DK, R

INJ_Q05 **What type of injury did [you/he/she] have? For example, a broken bone or burn.**

INJn_05

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal or human bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to INJ_Q08)
- 9 Poisoning (Go to INJ_Q08)
- 10 Injury to internal organs (Go to INJ_Q07)
- 11 Other - Specify
DK, R

INJ_C05S If INJ_Q05 <> 11, go to INJ_Q06.
Otherwise, go to INJ_Q05S.

INJ_Q05S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q06 **What part of the body was injured?**

INJn_06

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist
- 8 Hand
- 9 Hip
- 10 Thigh
- 11 Knee, lower leg
- 12 Ankle, foot
- 13 Upper back or upper spine (excluding neck)
- 14 Lower back or lower spine
- 15 Chest (excluding back and spine)
- 16 Abdomen or pelvis (excluding back and spine)
- DK, R

Go to INJ_Q08

INJ_Q07
INJn_07

What part of the body was injured?

- 1 Chest (within rib cage)
- 2 Abdomen or pelvis (below ribs)
- 3 Other - Specify
DK, R

INJ_C07S If INJ_Q07 <> 3, go to INJ_Q08.
Otherwise, go to INJ_Q07S.

INJ_Q07S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q08
INJn_08

Where did the injury happen?

INTERVIEWER: If respondent says 'At work', probe for type of workplace.

- 1 In a home or its surrounding area
- 2 Residential institution
- 3 School, college, university (exclude sports areas)
- 4 Sports or athletics area of school, college, university
- 5 Other sports or athletics area (exclude school sports areas)
- 6 Other institution (e.g., church, hospital, theatre, civic building)
- 7 Street, highway, sidewalk
- 8 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 9 Industrial or construction area
- 10 Farm (exclude farmhouse and its surrounding area)
- 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
- 12 Other - Specify
DK, R

INJ_C08S If INJ_Q08 <> 12, go to INJ_Q09.
Otherwise, go to INJ_Q08S.

INJ_Q08S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q09
INJn_09

What type of activity [were/was] [you/he/she] doing when [you/he/she] [were/was] injured?

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (exclude travel to or from work)
- 4 Travel to or from work
- 5 Household chores, other unpaid work or education
- 6 Sleeping, eating, personal care
- 7 Other - Specify
DK, R

INJ_C09S If INJ_Q09 <> 7, go to INJ_Q10.
Otherwise, go to INJ_Q09S.

INJ_Q09S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q10 **Was the injury the result of a fall?**

INJn_10 INTERVIEWER: Select “No” for transportation accidents.

- 1 Yes
- 2 No (Go to INJ_Q12)
- DK, R (Go to INJ_Q12)

INJ_Q11 **How did [you/he/she] fall?**

INJn_11

- 1 While skating, skiing, snowboarding, in-line skating or skateboarding
- 2 Going up or down stairs / steps (icy or not)
- 3 Slip, trip or stumble on ice or snow
- 4 Slip, trip or stumble on any other surface
- 5 From furniture (e.g., bed, chair)
- 6 From elevated position (e.g., ladder, tree)
- 7 Other - Specify
- DK, R

INJ_C11S If INJ_Q11 <> 7, go to INJ_Q13.
Otherwise, go to INJ_Q11S.

INJ_Q11S INTERVIEWER: Specify.

(80 spaces)
DK, R

Go to INJ_Q13

INJ_Q12 **What caused the injury?**

INJn_12

- 1 Transportation accident
- 2 Accidentally bumped, pushed, bitten, etc. by person or animal
- 3 Accidentally struck or crushed by object(s)
- 4 Accidental contact with sharp object, tool or machine
- 5 Smoke, fire, flames
- 6 Accidental contact with hot object, liquid or gas
- 7 Extreme weather or natural disaster
- 8 Overexertion or strenuous movement
- 9 Physical assault
- 10 Other - Specify
- DK, R

INJ_C12S If INJ_Q12 <> 10, go to INJ_Q13.
Otherwise, go to INJ_Q12S.

INJ_Q12S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q13 **Did [you/FNAME] receive any medical attention for the injury from a health professional in the 48 hours following the injury?**
INJn_13

- 1 Yes
- 2 No (Go to INJ_Q16)
- DK, R (Go to INJ_Q16)

INJ_Q14 **Where did [you/he/she] receive treatment?**
INTERVIEWER: Mark all that apply.

- INJn_14A 1 Doctor's office
- INJn_14B 2 Hospital emergency room
- INJn_14C 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- INJn_14D 4 Walk-in clinic
- INJn_14E 5 Appointment clinic
- INJn_14F 6 Community health centre / CLSC
- INJn_14G 7 At work
- INJn_14H 8 At school
- INJn_14I 9 At home
- INJn_14J 10 Telephone consultation only
- INJn_14K 11 Other - Specify
DK, R

INJ_C14S If INJ_Q14 <> 11, go to INJ_Q15.
Otherwise, go to INJ_Q14S.

INJ_Q14S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q15 **[Were/Was] [you/he/she] admitted to a hospital overnight?**
INJn_15

- 1 Yes
- 2 No
DK, R

INJ_E15 If INJ_Q15 = 1 and HCU_Q01BA = 2 (No), show pop-up message as follows.

Inconsistent answers have been entered. Please confirm.

INJ_Q16
INJn_16

Did [you/FNAME] have any other injuries in the past 12 months that were treated by a health professional, but did not limit [your/his/her] normal activities?

- 1 Yes
- 2 No (Go to INJ_END)
- DK, R (Go to INJ_END)

INJ_Q17
INJn_17

How many injuries?

[_] Injuries
(MIN: 1) (MAX: 30; warning after 6)
DK, R

INJ_END

FOR INFORMATION ONLY

HEALTH UTILITY INDEX (HUI)

HUI_C1 If (do HUI block =2), go to HUI_END.
HUIInFDO Otherwise, go to HUI_QINT1.

HUI_QINT1 **The next set of questions asks about [your/FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.**
INTERVIEWER: Press <Enter> to continue.

Vision

HUI_Q01 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary**
HUIIn_01 **newsprint without glasses or contact lenses?**

- 1 Yes (Go to HUI_Q04)
- 2 No
DK, R (Go to HUI_END)

HUI_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary**
HUIIn_02 **newsprint with glasses or contact lenses?**

- 1 Yes (Go to HUI_Q04)
- 2 No
DK, R

HUI_Q03 **[Are/Is] [you/he/she] able to see at all?**
HUIIn_03

- 1 Yes
- 2 No (Go to HUI_Q06)
DK, R (Go to HUI_Q06)

HUI_Q04 **[Are/Is] [you/he/she] able to see well enough to recognize a friend on the**
HUIIn_04 **other side of the street without glasses or contact lenses?**

- 1 Yes (Go to HUI_Q06)
- 2 No
DK, R (Go to HUI_Q06)

HUI_Q05 **[Are/Is] [you/he/she] usually able to see well enough to recognize a friend**
HUIIn_05 **on the other side of the street with glasses or contact lenses?**

- 1 Yes
- 2 No
DK, R

Hearing

HUI_Q06
HUIIn_06 **[Are/Is] [you/FNAME] usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?**

- 1 Yes (Go to HUI_Q10)
- 2 No
DK, R (Go to HUI_Q10)

HUI_Q07
HUIIn_07 **[Are/Is] [you/he/she] usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?**

- 1 Yes (Go to HUI_Q08)
- 2 No
DK, R

HUI_Q07A
HUIIn_07A **[Are/Is] [you/he/she] able to hear at all?**

- 1 Yes
- 2 No (Go to HUI_Q10)
DK, R (Go to HUI_Q10)

HUI_Q08
HUIIn_08 **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid ?**

- 1 Yes (Go to HUI_Q10)
- 2 No
DK
R (Go to HUI_Q10)

HUI_Q09
HUIIn_09 **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?**

- 1 Yes
- 2 No
DK, R

Speech

HUI_Q10
HUIIn_10 **[Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?**

- 1 Yes (Go to HUI_Q14)
- 2 No
DK
R (Go to HUI_Q14)

HUI_Q11
HUIIn_11 **[Are/Is] [you/he/she] able to be understood partially when speaking with strangers?**

- 1 Yes
- 2 No
DK, R

HUI_Q12
HUIIn_12 **[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**

- 1 Yes (Go to HUI_Q14)
- 2 No
 DK
 R (Go to HUI_Q14)

HUI_Q13
HUIIn_13 **[Are/Is] [you/he/she] able to be understood partially when speaking with those who know [you/him/her] well?**

- 1 Yes
- 2 No
 DK, R

Getting Around

HUI_Q14
HUIIn_14 **[Are/Is] [you/FNAME] usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

- 1 Yes (Go to HUI_Q21)
- 2 No
 DK, R (Go to HUI_Q21)

HUI_Q15
HUIIn_15 **[Are/Is] [you/he/she] able to walk at all?**

- 1 Yes
- 2 No (Go to HUI_Q18)
 DK, R (Go to HUI_Q18)

HUI_Q16
HUIIn_16 **[Do/Does] [you/he/she] require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

- 1 Yes
- 2 No
 DK, R

HUI_Q17
HUIIn_17 **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

- 1 Yes
- 2 No
 DK, R

HUI_Q18
HUIIn_18 **[Do/Does] [you/he/she] require a wheelchair to get around?**

- 1 Yes
- 2 No (Go to HUI_Q21)
 DK, R (Go to HUI_Q21)

HUI_Q19 **How often [do/does] [you/he/she] use a wheelchair?**

HUIIn_19 **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
 - 2 **Often**
 - 3 **Sometimes**
 - 4 **Never**
- DK, R

HUI_Q20 **[Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?**

HUIIn_20

- 1 Yes
 - 2 No
- DK, R

Hands and Fingers

HUI_Q21 **[Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a pencil or scissors?**

HUIIn_21

- 1 Yes (Go to HUI_Q25)
 - 2 No (Go to HUI_Q25)
- DK, R (Go to HUI_Q25)

HUI_Q22 **[Do/Does] [you/he/she] require the help of another person because of limitations in the use of hands or fingers?**

HUIIn_22

- 1 Yes
 - 2 No (Go to HUI_Q24)
- DK, R (Go to HUI_Q24)

HUI_Q23 **[Do/Does] [you/he/she] require the help of another person with:**

HUIIn_23 **INTERVIEWER:** Read categories to respondent.

- 1 **... some tasks?**
 - 2 **... most tasks?**
 - 3 **... almost all tasks?**
 - 4 **... all tasks?**
- DK, R

HUI_Q24 **[Do/Does] [you/he/she] require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?**

HUIIn_24

- 1 Yes
 - 2 No
- DK, R

Feelings

HUI_Q25
HUIIn_25

Would you describe [yourself/FNAME] as being usually:

INTERVIEWER: Read categories to respondent.

- 1 ... happy and interested in life?
 - 2 ... somewhat happy?
 - 3 ... somewhat unhappy?
 - 4 ... unhappy with little interest in life?
 - 5 ... so unhappy that life is not worthwhile?
- DK, R

Memory

HUI_Q26
HUIIn_26

How would you describe [your/his/her] usual ability to remember things?

INTERVIEWER: Read categories to respondent.

- 1 **Able to remember most things**
 - 2 **Somewhat forgetful**
 - 3 **Very forgetful**
 - 4 Unable to remember anything at all
- DK, R

Thinking

HUI_Q27
HUIIn_27

How would you describe [your/his/her] usual ability to think and solve day-to-day problems?

INTERVIEWER: Read categories to respondent.

- 1 **Able to think clearly and solve problems**
 - 2 **Having a little difficulty**
 - 3 **Having some difficulty**
 - 4 **Having a great deal of difficulty**
 - 5 Unable to think or solve problems
- DK, R

Pain and Discomfort

HUI_Q28
HUIIn_28

[Are/Is] [you/FNAME] usually free of pain or discomfort?

- 1 Yes (Go to HUI_END)
 - 2 No (Go to HUI_END)
- DK, R (Go to HUI_END)

HUI_Q29
HUIIn_29

How would you describe the usual intensity of [your/his/her] pain or discomfort?

INTERVIEWER: Read categories to respondent.

- 1 **Mild**
 - 2 **Moderate**
 - 3 **Severe**
- DK, R

HUI_Q30
HUIIn_30

How many activities does [your/his/her] pain or discomfort prevent?

INTERVIEWER: Read categories to respondent.

- 1 **None**
 - 2 **A few**
 - 3 **Some**
 - 4 **Most**
- DK, R

HUI_END

FOR INFORMATION ONLY

SATISFACTION WITH LIFE (SWL)

SWL_C1 If (do SWL block = 2), go to SWL_END.
SWLnFDO Otherwise, go to SWL_C2.

SWL_C2 If proxy interview, go to SWL_END.
Otherwise, go to SWL_QINT.

SWL_QINT **Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied.**
INTERVIEWER: Press <Enter> to continue.

SWL_Q02 **How satisfied are you with your job or main activity?**
SWLn_02

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK
- R (Go to SWL_END)

SWL_Q03 **How satisfied are you with your leisure activities?**
SWLn_03

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK, R

SWL_Q04 **(How satisfied are you) with your financial situation?**
SWLn_04

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK, R

SWL_Q05 **How satisfied are you with yourself?**
SWLn_05

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- DK, R

SWL_Q06
SWLn_06

How satisfied are you with the way your body looks?

- 1 Very satisfied
 - 2 Satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Dissatisfied
 - 5 Very dissatisfied
- DK, R

SWL_Q07
SWLn_07

How satisfied are you with your relationships with other family members?

- 1 Very satisfied
 - 2 Satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Dissatisfied
 - 5 Very dissatisfied
- DK, R

SWL_Q08
SWLn_08

(How satisfied are you) with your relationships with friends?

- 1 Very satisfied
 - 2 Satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Dissatisfied
 - 5 Very dissatisfied
- DK, R

SWL_Q09
SWLn_09

(How satisfied are you) with your housing?

- 1 Very satisfied
 - 2 Satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Dissatisfied
 - 5 Very dissatisfied
- DK, R

SWL_Q10
SWLn_10

(How satisfied are you) with your neighbourhood?

- 1 Very satisfied
 - 2 Satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Dissatisfied
 - 5 Very dissatisfied
- DK, R

SWL_END

STRESS - SOURCES (STS)

January 28, 2004

STS_BEG

STS_C1 If (do STS block = 1), go to STS_C2.
 Otherwise, go to STS_END.

STS_C2 If proxy interview, go to STS_END.
 Otherwise, go to STS_R1.

STS_R1 **Now a few questions about the stress in your life.**
INTERVIEWER: Press <Enter> to continue.

STS_Q1 **In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is:**
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DR, R (Go to STS_END)

STS_Q2 **In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is:**
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DK, R

STS_Q3 **Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?**
INTERVIEWER: Do not probe.

- 1 Time pressures / not enough time
- 2 Own physical health problem or condition
- 3 Own emotional or mental health problem or condition
- 4 Financial situation (e.g., not enough money, debt)
- 5 Own work situation (e.g., hours of work, working conditions)
- 6 School
- 7 Employment status (e.g., unemployment)
- 8 Caring for - own children
- 9 Caring for - others
- 10 Other personal or family responsibilities
- 11 Personal relationships
- 12 Discrimination
- 13 Personal and family's safety
- 14 Health of family members
- 15 Other - Specify
- 16 Nothing (Go to STS_END)
DK, R (Go to STS_END)

STS_C3S If STS_Q3 = 15, go to STS_Q3S.
Otherwise, go to STS_END.

STS_Q3S INTERVIEWER: Specify.

(80 spaces)
DK, R

STS_END

STRESS - COPING (STC)

January 28, 2004

STC_BEG

STC_C1 If (do STC block = 1), go to STC_C2.
 Otherwise, go to STR_END.

STC_C2 If proxy interview, go to STC_END.
 Otherwise, go to STC_R1.

STC_R1 **Now a few questions about coping with stress.**
INTERVIEWER: Press <Enter> to continue.

STC_Q1_1 **People have different ways of dealing with stress. Thinking about the ways
you deal with stress, please tell me how often you do each of the following.**

How often do you try to solve the problem?
INTERVIEWER: Read categories to respondent.

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
- DK, R (Go to STC_END)

STC_Q1_2 **To deal with stress, how often do you talk to others?**

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, R

STC_Q1_3 **When dealing with stress, how often do you avoid being with people?**

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, R

STC_Q1_4 **How often do you sleep more than usual to deal with stress?**

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, R

STC_Q1_5A **When dealing with stress, how often do you try to feel better by eating more, or less, than usual?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC_Q1_5B **When dealing with stress, how often do you try to feel better by smoking more cigarettes than usual?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Do not smoke
- DK, R

STC_Q1_5C **When dealing with stress, how often do you try to feel better by drinking alcohol?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC_Q1_5D **When dealing with stress, how often do you try to feel better by using drugs or medication?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC_Q1_6 **How often do you jog or do other exercise to deal with stress?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC_Q1_7 **How often do you pray or seek spiritual help to deal with stress?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

STC_Q1_8 **To deal with stress, how often do you try to relax by doing something enjoyable?**

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, R

STC_Q1_9 **To deal with stress, how often do you try to look on the bright side of things?**

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, R

STC_Q1_10 **How often do you blame yourself?**

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, R

STC_Q1_11 **To deal with stress, how often do you wish the situation would go away or somehow be finished?**

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, R

STC_END

ONGOING PROBLEMS (OGP)

OGP_BEG

OGP_C1A If (do OGP block) = 1, go to OGP_C1B.
Otherwise, go to OGP_END.

OGP_C1B If proxy interview or age < 18, go to OGP_END.
Otherwise, go to OGP_R1.

OGP_R1 **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**
INTERVIEWER: Press <Enter> to continue.

OGP_R2 **I'll start by describing situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation. I'd like you to tell me if these things are true for you at this time by answering 'true' if it applies to you now or 'false' if it does not.**
INTERVIEWER: Press <Enter> to continue.

OGP_Q101 **You are trying to take on too many things at once.**

- 1 True
- 2 False
- DK
- R (Go to OGP_END)

OGP_Q102 **There is too much pressure on you to be like other people.**

- 1 True
- 2 False
- DK, R

OGP_Q103 **Too much is expected of you by others.**

- 1 True
- 2 False
- DK, R

OGP_Q104 **You don't have enough money to buy the things you need.**

- 1 True
- 2 False
- DK, R

OGP_C105 If marital status = married or living common-law, go to OGP_Q105. If marital status = single, widowed, separated or divorced, go to OGP_Q108. Otherwise (i.e. marital status is unknown), go to OGP_Q109.

OGP_Q105 **Your partner doesn't understand you.**

- 1 True
- 2 False
DK, R

OGP_Q106 **Your partner doesn't show enough affection.**

- 1 True
- 2 False
DK, R

OGP_Q107 **Your partner is not committed enough to your relationship.**

- 1 True
- 2 False
DK, R

Go to OGP_Q109

OGP_Q108 **You find it is very difficult to find someone compatible with you.**

- 1 True
- 2 False
DK, R

OGP_Q109 **Do you have any children?**

- 1 Yes
- 2 No (Go to OGP_Q112)
DK, R (Go to OGP_Q112)

OGP_Q110 **Remember, I want to know if you feel any of these statements are true for you at this time.**

One of your children seems very unhappy.

- 1 True
- 2 False
DK, R

OGP_Q111 **A child's behaviour is a source of serious concern to you.**

- 1 True
- 2 False
DK, R

OGP_Q112 **Your work around the home is not appreciated.**

- 1 True
- 2 False
DK, R

OGP_Q113 **Your friends are a bad influence.**

- 1 True
- 2 False
DK, R

OGP_Q114 **You would like to move but you cannot.**

- 1 True
- 2 False
DK, R

OGP_Q115 **Your neighbourhood or community is too noisy or too polluted.**

- 1 True
- 2 False
DK, R

OGP_Q116 **You have a parent, a child or a partner who is in very bad health and may die.**

- 1 True
- 2 False
DK, R

OGP_Q117 **Someone in your family has an alcohol or drug problem.**

- 1 True
- 2 False
DK, R

OGP_Q118 **People are too critical of you or what you do.**

- 1 True
- 2 False
DK, R

OGP_END

RECENT LIFE EVENTS (RLE)

RLE_C100 If (do RLE block) = 2, go to RLE_END.
RLEnFDO Otherwise, go to RLE_C200.

RLE_C200 If proxy interview or age < 18, go to RLE_END.
Otherwise, go to RLE_C201.

RLE_C201 If (do OGP block) = 2, go to RLE_QINT1.
Otherwise, go to RLE_QINT2.

RLE_QINT1 **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**
INTERVIEWER: Press <Enter> to continue.

RLE_QINT2 **Now I'd like to ask you about some things that may have happened in the past 12 months, that is, from [date one year ago] to yesterday. Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).**
INTERVIEWER: Press <Enter> to continue.

RLE_Q201 **In the past 12 months, was any one of you beaten up or physically attacked?**
RLEn_201

- 1 Yes
- 2 No
- DK
- R (Go to RLE_END)

RLE_Q202 **Now I'd like you to think just about your family, that is, yourself and your spouse/partner or children, if any.**
RLEn_202

In the past 12 months, did [someone/you or someone] in your family, have an unwanted pregnancy?

- 1 Yes
- 2 No
- DK, R

RLE_Q203 **In the past 12 months, did [someone/you or someone] in your family have an abortion or miscarriage?**
RLEn_203

- 1 Yes
- 2 No
- DK, R

RLE_Q204
RLEn_204

In the past 12 months, did you or someone in your family have a major financial crisis?

- 1 Yes
- 2 No
DK, R

RLE_Q205
RLEn_205

In the past 12 months, did you or someone in your family fail school or a training program?

- 1 Yes
- 2 No
DK, R

RLE_C206

If marital status = married or living common-law, include the phrase “or your partner” in RLE_Q206 and RLE_Q207.

RLE_Q206
RLEn_206

Now I'd like you to think just about yourself [and your spouse or partner].

In the past 12 months, did you [or your partner] experience a change of job for a worse one?

- 1 Yes
- 2 No
DK, R

RLE_Q207
RLEn_207

In the past 12 months, were you [or your partner] demoted at work or did [you / either of you] take a cut in pay?

- 1 Yes
- 2 No
DK, R

RLE_C208

If marital status = married or living common-law, ask RLE_Q208. Otherwise, go to RLE_Q209.

RLE_Q208
RLEn_208

In the past 12 months, did you have increased arguments with your partner?

- 1 Yes
- 2 No
DK, R

RLE_Q209
RLEn_209

Now, just you personally, in the past 12 months, did you go on welfare?

- 1 Yes
- 2 No
DK, R

RLE_C210

If OGP_Q109 = 1 (has children), go to RLE_Q211. If (do OGP block) = 2, go to RLE_Q210.
Otherwise, go to RLE_END.

RLE_Q210
RLEn_210

Do you have any children?

- 1 Yes
- 2 No (Go to RLE_END)
DK, R (Go to RLE_END)

RLE_Q211
RLEn_211

In the past 12 months, did you have a child move back into the house?

- 1 Yes
- 2 No
DK, R

RLE_END

FOR INFORMATION ONLY

CHILDHOOD AND ADULT STRESSORS (CST)

February 5, 2004

CST_BEG

CST_C1 If (do CST block = 1) go to CST_C2.
Otherwise, go to CST_END.

CST_C2 If proxy interview or age < 18, go to CST_END.
Otherwise, go to CST_R1.

CST_R1 **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house. Please tell me if any of these things have happened to you.**
INTERVIEWER: Press <Enter> to continue.

CST_Q1 **Did you spend 2 weeks or more in the hospital?**

- 1 Yes
- 2 No
- DK
- R (Go to CST_END)

CST_Q2 **Did your parents get a divorce?**

- 1 Yes
- 2 No
- DK, R

CST_Q3 **Did your father or mother not have a job for a long time when they wanted to be working?**

- 1 Yes
- 2 No
- DK, R

CST_Q4 **Did something happen that scared you so much you thought about it for years after?**

- 1 Yes
- 2 No
- DK, R

CST_Q5 **Were you sent away from home because you did something wrong?**

- 1 Yes
- 2 No
- DK, R

CST_Q6 **Did either of your parents drink or use drugs so often that it caused problems for the family?**

- 1 Yes
- 2 No
DK, R

CST_Q7 **Were you ever physically abused by someone close to you?**

- 1 Yes
- 2 No
DK, R

CST_END

FOR INFORMATION ONLY

WORK STRESS (WST)

January 7, 2004

WST_BEG

WST_C1 If (do WST block) = 1, go to WST_C2.
Otherwise, go to WST_END.

WST_C2 If proxy interview, go to WST_END.
Otherwise, go to WST_C3.

WST_C3 If age < 15 or > 75, or if GEN_Q08 <> 1 (respondent didn't work in past 12 months), go to WST_END.
Otherwise, go to WST_QINT4.

WST_R01 **The next few questions are about your main job or business in the past 12 months. I'm going to read you a series of statements that might describe your job situation. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.

WST_Q401 **Your job required that you learn new things.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK
R (Go to WST_END)

WST_Q402 **Your job required a high level of skill.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q403 **Your job allowed you freedom to decide how you did your job.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q404 **Your job required that you do things over and over.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q405 **Your job was very hectic.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q406 **You were free from conflicting demands that others made.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q407 **Your job security was good.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q408 **Your job required a lot of physical effort.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q409 **You had a lot to say about what happened in your job.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q410 **You were exposed to hostility or conflict from the people you worked with.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q411 **Your supervisor was helpful in getting the job done.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q412 **The people you worked with were helpful in getting the job done.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q412A **You had the materials and equipment you needed to do your job.**

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

WST_Q413 **How satisfied were you with your job?**

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
 - 2 **Somewhat satisfied**
 - 3 **Not too satisfied**
 - 4 **Not at all satisfied**
- DK, R

WST_END

SELF-ESTEEM (SFE)

SFE_C500A If (do SFE block = 2), go to SFE_END.
SFE_nFDO Otherwise, go to SFE_C500B.

SFE_C500B If proxy interview, go to SFE_END.
Otherwise, go to SFE_QINT5.

SFE_QINT5 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.

SFE_Q501 **You feel that you have a number of good qualities.**
SFE_n_501

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK
R (Go to SFE_END)

SFE_Q502 **You feel that you're a person of worth at least equal to others.**
SFE_n_502

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

SFE_Q503 **You are able to do things as well as most other people.**
SFE_n_503

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

SFE_Q504 **You take a positive attitude toward yourself.**
SFE_n_504

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

SFE_Q505
SFEEn_505

On the whole you are satisfied with yourself.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

SFE_Q506
SFEEn_506

All in all, you're inclined to feel you're a failure.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

SFE_END

FOR INFORMATION ONLY

MASTERY (MAS)

MAS_C600A If (do MAS block = 2), go to MAS_END.
MASnFDO Otherwise, go to MAS_C600B.

MAS_C600B If proxy interview, go to MAS_END.
Otherwise, go to MAS_C600C.

MAS_C600C If (do SFE block = 1), go to MAS_Q601.
Otherwise, go to MAS_QINT6.

MAS_QINT6 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.

MAS_Q601 **You have little control over the things that happen to you.**
MASn_601

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK
R (Go to MAS_END)

MAS_Q602 **There is really no way you can solve some of the problems you have.**
MASn_602

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

MAS_Q603 **There is little you can do to change many of the important things in your life.**
MASn_603

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

MAS_Q604 **You often feel helpless in dealing with problems of life.**
MASn_604

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

MAS_Q605
MASn_605

Sometimes you feel that you are being pushed around in life.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

MAS_Q606
MASn_606

What happens to you in the future mostly depends on you.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

MAS_Q607
MASn_607

You can do just about anything you really set your mind to.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

MAS_END

SMOKING (SMK)

SMK_C1 If (do SMK block = 2), go to SMK_END.
SMK_nFDO Otherwise, go to SMK_QINT.

SMK_QINT **The next questions are about smoking.**
INTERVIEWER: Press <Enter> to continue.

SMK_Q201A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or**
SMK_n_01A **more cigarettes (about 4 packs)?**

- 1 Yes (Go to SMK_Q201C)
- 2 No
DK, R

SMK_Q201B **[Have/Has] [you/he/she] ever smoked a whole cigarette?**
SMK_n_01B

- 1 Yes (Go to SMK_Q201C)
- 2 No (Go to SMK_Q202)
DK (Go to SMK_Q202)
R

SMK_C201C If SMK_Q201A = R and SMK_Q201B = R, go to SMK_END.
Otherwise, go to SMK_Q202.

SMK_Q201C **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**
SMK_n_01C INTERVIEWER: Minimum is 5; maximum is [current age].

||_| Age in years
(MIN: 5) (MAX: current age)
DK, R (Go to SMK_Q202)

SMK_E201C If SMK_Q201C >= 5 and SMK_Q201C <= current age, go to SMK_Q202.
Otherwise, show pop-up edit as follows.

The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.

SMK_Q202 **At the present time, [do/does] [you/FNAME] smoke cigarettes daily,**
SMK_n_202 **occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to SMK_Q205B)
- 3 Not at all (Go to SMK_C205D)
DK, R (Go to SMK_END)

Daily smoker (current)

SMK_Q203 **At what age did [you/he/she] begin to smoke cigarettes daily?**
SMK_n_203 INTERVIEWER: Minimum is 5; maximum is [current age].

||_| Age in years
(MIN: 5) (MAX: current age)
DK, R (Go to SMK_Q204)

SMK_E203 If SMK_Q203 >= 5 and SMK_Q203 <= current age, go to SMK_Q204.
Otherwise, show pop-up edit as follows.

The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.

SMK_Q204 **How many cigarettes [do/does] [you/he/she] smoke each day now?**

SMK_n_204

|_| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to SMK_END

Occasional smoker (current)

SMK_Q205B **On the days that [you/FNAME] [do/does] smoke, how many cigarettes**
SMK_n_05B **[do/does] [you/he/she] usually smoke?**

|_| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

SMK_Q205C **In the past month, on how many days [have/has] [you/he/she] smoked 1 or**
SMK_n_05C **more cigarettes?**

|_| Days
(MIN: 0) (MAX: 30)
DK, R

SMK_C205D If SMK_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime),
go to SMK_END.
Otherwise, go to SMK_Q205D.

Occasional smoker or non-smoker (current)

SMK_Q205D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**

SMK_n_05D

1 Yes (Go to SMK_Q207)
2 No
DK, R (Go to SMK_END)

SMK_C206A If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.

Non-smoker (current)

SMK_Q206A **When did [you/he/she] stop smoking? Was it:**

SMK_n_06A

INTERVIEWER: Read categories to respondent.

1 ... less than one year ago?
2 ... 1 year to less than 2 years ago? (Go to SMK_END)
3 ... 2 years to less than 3 years ago? (Go to SMK_END)
4 ... 3 or more years ago? (Go to SMK_Q206C)
DK, R (Go to SMK_END)

SMK_Q206B **In what month did [you/he/she] stop?**
 SMK_n_06B

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |
| | DK, R | | |

Go to SMK_END

SMK_Q206C **How many years ago was it?**
 SMK_n_06C

INTERVIEWER: Minimum is 3; maximum is [current age - 5].

|_|_| Years
 (MIN: 3) (MAX: current age-5)
 DK, R (Go to SMK_END)

SMK_E206C If SMK_Q206C >= 3 and SMK_Q206C <= current age-5, go to SMK_END.
 Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking is invalid.
 Please return and correct.**

Occasional smoker or non-smoker (current) – Daily smoker (previously)

SMK_Q207 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**
 SMK_n_207

INTERVIEWER: Minimum is 5; maximum is [current age].

|_|_| Age in years
 (MIN: 5) (MAX: current age)

DK, R (Go to SMK_Q208)

SMK_E207 If SMK_Q207 >= 5 and SMK_Q207 <= current age, go to SMK_Q208.
 Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first began to smoke cigarettes daily
 is invalid.
 Please return and correct.**

SMK_Q208 **How many cigarettes did [you/he/she] usually smoke each day?**
 SMK_n_208

|_| Cigarettes
 (MIN: 1) (MAX: 99; warning after 60)
 DK, R

SMK_Q209A **When did [you/he/she] stop smoking daily? Was it:**
 SMK_n_09A

INTERVIEWER: Read categories to respondent.

- | | | |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago? | |
| 2 | ... 1 year to less than 2 years ago? | (Go to SMK_C210) |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_C210) |
| 4 | ... 3 or more years ago? | (Go to SMK_Q209C) |
| | DK, R | (Go to SMK_END) |

SMK_Q209B **In what month did [you/he/she] stop?**
 SMK_n_09B

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |
| | DK, R | | |

Go to SMK_C210

SMK_Q209C **How many years ago was it?**
 SMK_n_09C INTERVIEWER: Minimum is 3; maximum is [current age-5].

|_|_| Years
 (MIN: 3) (MAX: current age-5)
 DK, R (Go to SMK_C210)

SMK_E209C If SMK_Q209C >= 3 and SMK_Q209C <= current age-5, go to SMK_C210.
 Otherwise, show pop-up edit as follows.

The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.

SMK_C210 If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.

Non-smoker (current)

SMK_Q210 **Was that when [you/he/she] completely quit smoking?**
 SMK_n_10

- | | | |
|---|-------|-----------------|
| 1 | Yes | (Go to SMK_END) |
| 2 | No | |
| | DK, R | (Go to SMK_END) |

SMK_Q210A **When did [you/he/she] stop smoking completely? Was it:**
 SMK_n_10A INTERVIEWER: Read categories to respondent.

- | | | |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago? | |
| 2 | ... 1 year to less than 2 years ago? | (Go to SMK_END) |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_END) |
| 4 | ... 3 or more years ago? | (Go to SMK_Q210C) |
| | DK, R | (Go to SMK_END) |

SMK_Q210B **In what month did [you/he/she] stop?**
 SMK_n_10B

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |
| | DK, R | | |

Go to SMK_END

SMK_Q210C **How many years ago was it?**
SMKn_10C INTERVIEWER: Minimum is 3; maximum is [current age-5].

||| Years
(MIN: 3) (MAX: current age-5)
DK, R (Go to SMK_END)

SMK_E210C If SMK_Q210C >= 3 and SMK_Q210C <= current age-5, go to SMK_END.
Otherwise, show pop-up edit as follows.

The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.

SMK_END

FOR INFORMATION ONLY

SMOKING - STAGES OF CHANGE (SCH)

SCH_C1 If (do SCH block = 2), go to SCH_END.
SCHnFDO Otherwise, go to SCH_C2.

SCH_C2 If SMK_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH_C3.
Otherwise, go to SCH_END.

SCH_C3 If proxy interview, go to SCH_END.
Otherwise, go to SCH_Q1.

SCH_Q1 **Are you seriously considering quitting smoking within the next 6 months?**
SCHn_1

- 1 Yes
- 2 No (Go to SCH_Q3)
 DK, R (Go to SCH_Q3)

SCH_Q2 **Are you seriously considering quitting within the next 30 days?**
SCHn_2

- 1 Yes
- 2 No
 DK, R

SCH_Q3 **In the past 12 months, did you stop smoking for at least 24 hours because
SCHn_3 you were trying to quit?**

- 1 Yes
- 2 No (Go to SCH_END)
 DK, R (Go to SCH_END)

SCH_Q4 **How many times? (in the past 12 months, did you stop smoking for at least
SCHn_4 24 hours because you were trying to quit)**

|_| Times
(MIN: 1) (MAX: 95; warning after 48)
DK, R

SCH_END

NICOTINE DEPENDENCE (NDE)

NDE_C1 If (do NDE block = 2), go to NDE_END.
NDEnFDO Otherwise, go to NDE_C2.

NDE_C2 If SMK_Q202 = 1 (current daily smokers), go to NDE_C3.
Otherwise, go to NDE_END.

NDE_C3 If proxy interview, go to NDE_END.
Otherwise, go to NDE_Q1.

NDE_Q1 **How soon after you wake up do you smoke your first cigarette?**

NDEn_1

- 1 Within 5 minutes
 - 2 6 - 30 minutes after waking
 - 3 31 - 60 minutes after waking
 - 4 More than 60 minutes after waking
- DK, R (Go to NDE_END)

NDE_Q2 **Do you find it difficult to refrain from smoking in places where it is forbidden?**

NDEn_2

- 1 Yes
 - 2 No
- DK, R

NDE_Q3 **Which cigarette would you most hate to give up?**

NDEn_3

INTERVIEWER: Read categories to respondent.

- 1 **The first one of the day**
 - 2 **Another one**
- DK, R

NDE_Q4 **Do you smoke more frequently during the first hours after waking, compared with the rest of the day?**

NDEn_4

- 1 Yes
 - 2 No
- DK, R

NDE_Q5 **Do you smoke even if you are so ill that you are in bed most of the day?**

NDEn_5

- 1 Yes
 - 2 No
- DK, R

NDE_END

SMOKING CESSATION AIDS (SCA)

- SCA_C1 If (do SCA block = 1), go to SCA_C10A.
Otherwise, go to SCA_END.
- SCA_C10A If proxy interview, go to SCA_END.
Otherwise, go to SCA_C10B.
- SCA_C10B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C50.
Otherwise, go to SCA_C10C.
- SCA_C10C If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go to SCA_Q10.
Otherwise, go to SCA_END.
- SCA_Q10 **In the past 12 months, did you try a nicotine patch to quit smoking?**
- 1 Yes
2 No (Go to SCA_Q11)
DK, R (Go to SCA_END)
- SCA_Q10A **How useful was that in helping you quit?**
- 1 Very useful
2 Somewhat useful
3 Not very useful
4 Not useful at all
DK, R
- SCA_Q11 **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (in the past 12 months)**
- 1 Yes
2 No (Go to SCA_Q12)
DK, R (Go to SCA_Q12)
- SCA_Q11A **How useful was that in helping you quit?**
- 1 Very useful
2 Somewhat useful
3 Not very useful
4 Not useful at all
DK, R
- SCA_Q12 **In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?**
- 1 Yes
2 No (Go to SCA_END)
DK, R (Go to SCA_END)

SCA_Q12A **How useful was that in helping you quit?**

- 1 Very useful
 - 2 Somewhat useful
 - 3 Not very useful
 - 4 Not useful at all
- DK, R

Go to SCA_END

SCA_C50 If (do SCH block = 2), go to SCA_Q50.
Otherwise, go to SCA_C50A.

SCA_C50A If SCH_Q3 = 1, go to SCA_Q60.
Otherwise, go to SCA_END.

Note: In processing, SCA_Q50 set to 1 (yes) if SCH_Q3 = 1.

SCA_Q50 **In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

- 1 Yes
 - 2 No (Go to SCA_END)
- DK, R (Go to SCA_END)

SCA_Q60 **In the past 12 months, did you try any of the following to quit smoking:**

... a nicotine patch?

- 1 Yes
 - 2 No
- DK, R

SCA_Q61 **(In the past 12 months, did you try any of the following to quit smoking:)**

... Nicorettes or other nicotine gum or candy?

- 1 Yes
 - 2 No
- DK, R

SCA_Q62 **(In the past 12 months, did you try any of the following to quit smoking:)**

... medication such as Zyban, Prolev or Wellbutrin?

- 1 Yes
 - 2 No
- DK, R

SCA_END

SMOKING - PHYSICIAN COUNSELLING (SPC)

- SPC_C1
SPCnFDO If (do SPC block = 2), go to SPC_END.
Otherwise, go to SPC_C2.
- SPC_C2 If proxy interview, go to SPC_END.
Otherwise, go to SPC_C3A.
- SPC_C3A If SMK_Q202 = 1 or 2 (current daily or occasional smoker), use [smoke] in [smoke/smoked].
If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), use [smoked] in [smoke/smoked].
- SPC_C3 If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SPC_C4.
If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go to SPC_C4.
Otherwise, go to SPC_END.
- SPC_C4 If (do HCU block = 1) and (HCU_Q01AA = 1) (i.e. has a regular medical doctor), go to SPC_Q10.
Otherwise, go to SPC_C20A.
- SPC_Q10
SPCn_10 **Earlier, you mentioned having a regular medical doctor. In the past 12 months, did you go see this doctor?**
- 1 Yes
2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)
- SPC_Q11
SPCn_11 **Does your doctor know that you [smoke/smoked] cigarettes?**
- 1 Yes
2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)
- SPC_Q12
SPCn_12 **In the past 12 months, did your doctor advise you to quit smoking?**
- 1 Yes
2 No
DK, R (Go to SPC_C20A)
- SPC_Q13
SPCn_13 **(In the past 12 months,) did your doctor give you any specific help or information to quit smoking?**
- 1 Yes
2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)

SPC_Q14 **What type of help did the doctor give?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| SPCn_14A | 1 | Referral to a one-on-one cessation program |
| SPCn_14B | 2 | Referral to a group cessation program |
| SPCn_14C | 3 | Recommended use of nicotine patch or nicotine gum |
| SPCn_14D | 4 | Recommended Zyban or other medication |
| SPCn_14E | 5 | Provided self-help information (e.g., pamphlet, referral to website) |
| SPCn_14F | 6 | Own doctor offered counselling |
| SPCn_14G | 7 | Other |
| | | DK, R |

SPC_C20A If (do DEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.
If (do DEN block = 1) and (DEN_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC_END.
Otherwise, go to SPC_C20.

SPC_C20 If (do HCU block = 1) and (HCU_Q02E > 0 and HCU_Q02E < 998) (saw or talked to dentist in past 12 months), go to SPC_Q20.
Otherwise, go to SPC_END.

Note: SPC_Q20 will be set to 1 (yes) if DEN_Q130 = 1 or DEN_Q132 = 1.

SPC_Q20 **Earlier, you mentioned having “seen or talked to” a dentist in the past 12 months. Did you actually go to the dentist?**

SPCn_20

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No (Go to SPC_END) |
| | DK, R (Go to SPC_END) |

SPC_Q21 **Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?**

SPCn_21

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No (Go to SPC_END) |
| | DK, R (Go to SPC_END) |

SPC_Q22 **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**

SPCn_22

- | | |
|---|-------|
| 1 | Yes |
| 2 | No |
| | DK, R |

SPC_END

YOUTH SMOKING (YSM)

YSM_C1 If (do YSM block = 2), go to YSM_END.
 YSMnFDO Otherwise, go to YSM_C1A.

YSM_C1A If proxy interview or age greater than 19, go to YSM_END.
 Otherwise, go to YSM_C1B.

YSM_C1B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM_Q1.
 Otherwise, go to YSM_END.

YSM_Q1 **Where do you usually get your cigarettes?**

YSMn_1

- 1 Buy from - Vending machine
- 2 Buy from - Small grocery / corner store
- 3 Buy from - Supermarket
- 4 Buy from - Drug store
- 5 Buy from - Gas station
- 6 Buy from - Other store
- 7 Buy from - Friend or someone else
- 8 Given them by - Brother or sister
- 9 Given them by - Mother or father
- 10 Given them by - Friend or someone else
- 11 Take them from - Mother, father or sibling
- 12 Other - Specify
 DK, R (Go to YSM_END)

YSM_C1S If YSM_Q1 <> 12, go to YSM_C2.
 Otherwise, go to YSM_Q1S.

YSM_Q1S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

YSM_C2 If YSM_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM_Q3.
 Otherwise, go to YSM_Q2.

YSM_Q2 **In the past 12 months, have you bought cigarettes for yourself or for someone else?**

YSMn_2

- 1 Yes
- 2 No (Go to YSM_Q5)
 DK, R (Go to YSM_Q5)

YSM_Q3 **In the past 12 months, have you been asked your age when buying cigarettes in a store?**

YSMn_3

- 1 Yes
- 2 No
 DK, R

YSM_Q4
YSMn_4

In the past 12 months, has anyone in a store refused to sell you cigarettes?

- 1 Yes
- 2 No
DK, R

YSM_Q5
YSMn_5

In the past 12 months, have you asked a stranger to buy you cigarettes?

- 1 Yes
- 2 No
DK, R

YSM_END

FOR INFORMATION ONLY

EXPOSURE TO SECOND-HAND SMOKE (ETS)

ETS_C1 If (do ETS block = 2), go to ETS_END.
 ETSnFDO Otherwise, go to ETS_QINT.

ETS_QINT **The next questions are about exposure to second-hand smoke.**
INTERVIEWER: Press <Enter> to continue.

ETS_C10 If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q30.
 Otherwise, go to ETS_Q10.

ETS_Q10 **Including both household members and regular visitors, does anyone**
 ETSn_10 **smoke inside your home, every day or almost every day?**
INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to ETS_C20)
- DK, R (Go to ETS_END)

ETS_Q11 **How many people smoke inside your home every day or almost every day?**
 ETSn_11 INTERVIEWER: Include household members and regular visitors.

I_I_I Number of people
 (MIN:1) (MAX:15)
 DK, R

ETS_C20 If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_Q30.
 Otherwise, go to ETS_Q20.

ETS_Q20 **In the past month, [were/was] [you/FNAME] exposed to second-hand**
 ETSn_20 **smoke, every day or almost every day, in a car or other private vehicle?**

- 1 Yes
- 2 No
- DK, R

ETS_Q20B **(In the past month,) [were/was] [you/he/she] exposed to second-hand**
 ETSn_20B **smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?**

- 1 Yes
- 2 No
- DK, R

ETS_Q30 **Are there any restrictions against smoking cigarettes in your home?**
 ETSn_5

- 1 Yes
- 2 No
- DK, R (Go to ETS_END)

ETS_Q31

How is smoking restricted in your home?

INTERVIEWER: Read categories to respondent. Mark all that apply.

ETSn_6A

1

Smokers are asked to refrain from smoking in the house

ETSn_6B

2

Smoking is allowed in certain rooms only

ETSn_6C

3

Smoking is restricted in the presence of young children

ETSn_6D

4

Other restriction

DK, R

ETS_END

FOR INFORMATION ONLY

TOBACCO ALTERNATIVES (TAL)

TAL_C1 If (do TAL block = 1), go to TAL_Q1.
Otherwise, go to TAL_END.

TAL_Q1 **Now I'd like to ask about [your/his/her] use of tobacco other than cigarettes.**

In the past month, [have/has] [you/he/she] smoked cigars?

- 1 Yes
- 2 No
DK, R (Go to TAL_END)

TAL_Q2 **(In the past month,) [have/has] [you/he/she] smoked a pipe?**

- 1 Yes
- 2 No
DK, R

TAL_Q3 **(In the past month,) [have/has] [you/he/she] used snuff?**

- 1 Yes
- 2 No
DK, R

TAL_Q4 **(In the past month,) [have/has] [you/he/she] used chewing tobacco?**

- 1 Yes
- 2 No
DK, R

TAL_END

ALCOHOL USE (ALC)

ALC_C1A If (do ALC block = 2), go to ALC_END.
ALCnFDO Otherwise, go to ALC_QINT.

ALC_QINT **Now, some questions about [your/FNAME's] alcohol consumption.**
When we use the word 'drink' it means:
- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and a 1/2 ounces of liquor.
INTERVIEWER: Press <Enter> to continue.

ALC_Q1 **During the past 12 months, that is, from [date one year ago] to yesterday,**
ALCn_1 **[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC_Q5B)
- DK, R (Go to ALC_END)

ALC_Q2 **During the past 12 months, how often did [you/he/she] drink alcoholic**
ALCn_2 **beverages?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
- DK, R

ALC_Q3 **How often in the past 12 months [have/has] [you/he/she] had 5 or more**
ALCn_3 **drinks on one occasion?**

- 1 Never
- 2 Less than once a month
- 3 Once a month
- 4 2 to 3 times a month
- 5 Once a week
- 6 More than once a week
- DK, R

ALC_E3 If ALC_Q3 = 1 and ALC_Q5A =>5 display message.

Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].

ALC_Q5
ALCn_5 **Thinking back over the past week, that is, from [date last week] to yesterday, did [you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC_C8)
- DK, R (Go to ALC_C8)

ALC_Q5A **Starting with yesterday, that is [day name], how many drinks did you/FNAME] have:**

(If R on first day, go to ALC_C8)
(MIN: 0 MAX: 99 for each day; warning after 12 for each day)

- ALCn_5A1 1 Sunday?
- ALCn_5A2 2 Monday?
- ALCn_5A3 3 Tuesday?
- ALCn_5A4 4 Wednesday?
- ALCn_5A5 5 Thursday?
- ALCn_5A6 6 Friday?
- ALCn_5A7 7 Saturday?
- DK, R

Go to ALC_C8

ALC_E5A If ALC_Q3 = 1 and ALC_Q5A =>5 display message.

Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].

ALC_Q5B
ALCn_5B **[Have/Has] [you/FNAME] ever had a drink?**

- 1 Yes
- 2 No (Go to ALC_END)
- DK, R (Go to ALC_END)

ALC_Q6
ALCn_6 **Did [you/he/she] ever regularly drink more than 12 drinks a week?**

- 1 Yes
- 2 No (Go to ALC_C8)
- DK, R (Go to ALC_C8)

ALC_Q7 **Why did [you/he/she] reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ALCn_7A | 1 | Dieting |
| ALCn_7B | 2 | Athletic training |
| ALCn_7C | 3 | Pregnancy |
| ALCn_7D | 4 | Getting older |
| ALCn_7E | 5 | Drinking too much / drinking problem |
| ALCn_7F | 6 | Affected - work, studies, employment opportunities |
| ALCn_7G | 7 | Interfered with family or home life |
| ALCn_7H | 8 | Affected - physical health |
| ALCn_7I | 9` | Affected - friendships or social relationships |
| ALCn_7J | 10 | Affected - financial position |
| ALCn_7K | 11 | Affected - outlook on life, happiness |
| ALCn_7L | 12 | Influence of family or friends |
| ALCn_7N | 13 | Lifestyle Transition |
| ALCn_7M | 14 | Other - Specify
DK, R |

ALC_C7S If ALC_Q7 <> 13, go to ALC_C8.
Otherwise, go to ALC_Q7S.

ALC_Q7S INTERVIEWER: Specify.

(80 spaces)
DK, R

ALC_C8 If age > 19, go to ALC_END.

ALC_Q8 **Not counting small sips, how old [were/was] [you/he/she] when**
ALCn_8 **[you/he/she] started drinking alcoholic beverages?**

INTERVIEWER: Drinking does not include having a few sips of wine for religious purposes. Minimum is 5; maximum is [current age].

||_| Age in years
(MIN: 5) (MAX: current age)
DK, R

ALC_E8 If AL_Q8 >= 5 and AL_Q8 <= Current Age, go to ALC_END.
Otherwise, show pop-up edit as follows.

Age must be between 5 and Current Age.
Please return and correct.

ALC_END

DRIVING AND SAFETY (DRV)

DRV_C01A If (do DRV block = 2), go to DRV_END.
 DRVnFDO Otherwise, go to DRV_C01B.

DRV_C01B If proxy interview, go to DRV_END.
 Otherwise, go to DRV_QINT.

DRV_QINT **The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**
INTERVIEWER: Press <Enter> to continue.

DRV_Q01A **In the past 12 months, have you driven a motor vehicle?**
 DRVn_01A INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

- 1 Yes
- 2 No
- DK, R (Go to DRV_END)

DRV_Q01B **In the past 12 months, have you driven a motorcycle?**
 DRVn_01B

- 1 Yes
- 2 No
- DK, R

DRV_C02 If DRV_Q01A = 2 and DRV_Q01B = 2 or DK or R, go to DRV_QINT2.
 Otherwise, go to DRV_C02A.

DRV_C02A If DRV_Q01A = 1, go to DRV_Q02.
 Otherwise, go to DRV_Q04.

DRV_Q02 **How often do you fasten your seat belt when you drive a motor vehicle?**
 DRVn_02 INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- DK, R

DRV_Q03 **Counting hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**
 DRVn_03 INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**
- DK, R

DRV_Q04 **How often do you drive when you are feeling tired?**

DRVn_04

- 1 Often
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
- DK, R

DRV_Q05 **Compared to other drivers, would you say you usually drive:**

DRVn_05

INTERVIEWER: Read categories to respondent.

- 1 ... much faster?
 - 2 ... a little faster?
 - 3 ... about the same speed?
 - 4 ... a little slower?
 - 5 ... much slower?
- DK, R

DRV_Q06 **(Compared to other drivers,) would you say you usually drive:**

DRVn_06

INTERVIEWER: Read categories to respondent.

- 1 ... much more aggressively?
 - 2 ... a little more aggressively?
 - 3 ... about the same?
 - 4 ... a little less aggressively?
 - 5 ... much less aggressively?
- DK, R

DRV_C07 If ALC_Q1 = 1 (drank alcohol in past 12 months) and DRV_Q01A = 1 (drove a motor vehicle) or DRV_Q01B = 1 (Drove a motorcycle), go to DRV_Q07. Otherwise, go to DRV_QINT2.

DRV_Q07 **In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?**

DRVn_07

INTERVIEWER: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

- 1 Yes
 - 2 No (Go to DRV_QINT2)
- DK, R (Go to DRV_QINT2)

DRV_Q07A **How many times?**

DRVn_07A

|_|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_QINT2 **Now some questions about being a passenger in a motor vehicle.**
INTERVIEWER: Press <Enter> to continue.

DRV_Q08A **When you are a front seat passenger, how often do you fasten your seat belt?**
DRVn_08A **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- 5 Do not ride in front seat
DK, R

DRV_Q08B **When you are a back seat passenger, how often do you fasten your seat belt?**
DRVn_08B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not ride in back seat
DK, R

DRV_Q09 **When you are a passenger in a taxi, how often do you fasten your seat belt?**
DRVn_09

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not take taxis
DK, R

DRV_Q10 **In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?**
DRVn_10

- 1 Yes
- 2 No (Go to DRV_Q11A)
DK, R (Go to DRV_Q11A)

DRV_Q10A **How many times (in the past 12 months)?**
DRVn_10A

|_|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_Q11A **In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?**
DRVn_11A

- 1 Yes
- 2 No
DK, R (Go to DRV_END)

DRV_Q11B **In the past 12 months, have you been the driver of, or a passenger in, an**
DRVn_11B **ATV (all terrain vehicle)?**

- 1 Yes
- 2 No (Go to DRV_C13)
- DK, R (Go to DRV_END)

DRV_Q12 **How often do you wear a helmet when on an ATV?**

DRVn_12 **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- DK, R

DRV_C13 If DRV_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and
DRV_Q11B = 2 (not driven/passenger - ATV), go to DRV_END.
Otherwise, go to DRV_C13A.

DRV_C13A If DRV_Q11A = 1 and DRV_Q11B = 1, use “a snowmobile, motor boat, seadoo or
ATV” in DRV_Q13 and DRV_Q14.

If DRV_Q11A = 1 and DRV_Q11B = 2, use “a snowmobile, motor boat or seadoo”
in DRV_Q13 and DRV_Q14.

If DRV_Q11A = 2 and DRV_Q11B = 1, use “an ATV” in DRV_Q13 and
DRV_Q14.

DRV_Q13 **In the past 12 months, have you been a passenger on [a snowmobile, motor**
DRVn_13 **boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] with a**
driver who had 2 or more drinks in the hour before driving?

- 1 Yes
- 2 No (Go to DRV_C14)
- DK, R (Go to DRV_C14)

DRV_Q13A **How many times?**

DRVn_13A

|_|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_C14 If ALC_Q1 = 1 (drank alcohol in the past 12 months), go to DRV_Q14.
Otherwise, go to DRV_END.

DRV_Q14 **In the past 12 months, have you driven [a snowmobile, motor boat, seadoo**
DRVn_14 **or ATV/a snowmobile, motor boat or seadoo/an ATV] after having 2 or more**
drinks in the hour before you drove?

- 1 Yes
- 2 No (Go to DRV_END)
- DK, R (Go to DRV_END)

DRV_Q14A
DRVn_14A

How many times?

|_|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_END

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ALCOHOL DEPENDENCE (ALD)

ALD_BEG

ALD_C01A If (do ALD block = 1), go to ALD_C01B.
Otherwise, go to ALD_END.

ALD_C01B If proxy interview, go to ALD_END.
Otherwise, go to ALD_C01C.

ALD_C01C If ALC_Q3 > 2 (has had at least 5 drinks at least once a month), go to ALD_R1.
Otherwise, go to ALD_END.

ALD_R01 **The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

ALD_Q01 **In the past 12 months, have you ever been drunk or hung-over while at work, school or while taking care of children?**

1 Yes
2 No (Go to ALD_Q03)
DK, R (Go to ALD_END)

ALD_Q02 **How many times? Was it:**
INTERVIEWER: Read categories to respondent.

- 1 ... **Once or twice?**
2 ... **3 to 5 times?**
3 ... **6 to 10 times?**
4 ... **11 to 20 times?**
5 ... **More than 20 times?**
DK, R

ALD_Q03 **In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)**

- 1 Yes
2 No
DK, R

ALD_Q04 **In the past 12 months, have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**

- 1 Yes
2 No
DK, R

- ALD_Q05 **In the past 12 months, have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?**
- 1 Yes
 - 2 No
DK, R
- ALD_Q06 **In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**
- 1 Yes
 - 2 No
DK, R
- ALD_Q07 **In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**
- 1 Yes
 - 2 No (Go to ALD_Q09)
DK, R (Go to ALD_Q09)
- ALD_Q08 **How many times? Was it:**
INTERVIEWER: Read categories to respondent.
- 1 ... Once or twice?
 - 2 ... 3 to 5 times?
 - 3 ... 6 to 10 times?
 - 4 ... 11 to 20 times?
 - 5 ... More than 20 times?
DK, R
- ALD_Q09 **In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**
- 1 Yes
 - 2 No
DK, R
- ALD_R2 **People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.**
INTERVIEWER: Press <Enter> to continue.
- ALD_Q10 **In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**
- 1 Yes
 - 2 No
DK, R

ALD_Q11 **In the past 12 months, did you ever have a period when you drank alcohol even though you promised yourself you wouldn't, or when you drank a lot more than you intended?**

- 1 Yes
- 2 No
 DK, R

ALD_Q12 **In the past 12 months, did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?**

- 1 Yes
- 2 No
 DK, R

ALD_Q13 **In the past 12 months, did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?**

- 1 Yes
- 2 No
 DK, R

ALD_Q14 **In the past 12 months, did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?**

- 1 Yes
- 2 No
 DK, R

ALD_C15 If count of "Yes" responses (1) in (ALD_Q01, ALD_Q03, ALD_Q04, ALD_Q05, ALD_Q06, ALD_Q07, ALD_Q09, ALD_Q10, ALD_Q11, ALD_Q12, ALD_Q13, and ALD_Q14) = 0, go to ALD_END.

ALD_R3 **Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".**
INTERVIEWER: Press <Enter> to continue.

ALD_Q15A **In the past 12 months, how much did your alcohol use interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 **V**
- 10 **Very severe interference**
DK, R

|_| | Number
(MIN: 0) (MAX: 10)
DK, R

ALD_Q15B_1 **How much did it interfere with your ability to attend school?**
INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 **V**
- 10 **Very severe interference**

|_| | Number
(MIN: 0) (MAX: 11)
DK, R

ALD_Q15B_2 **How much did it interfere with your ability to work at a job?**
INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

|_| Number
(MIN: 0) (MAX: 11)
DK, R

ALD_Q15C **(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means “no interference” and 10 means “very severe interference”).**

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

|_| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_Q15D **How much did it interfere with your social life?**

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 **V**
- 10 **Very severe interference**

|_| Number
(MIN: 0) (MAX: 10)

DK, R

ALD_END

FOR INFORMATION ONLY

ILLICIT DRUGS (IDG)

DRG_C1 If (do DRG block = 2), go to DRG_END.
IDGnFDO Otherwise, go to DRG_C2.

DRG_C2 If proxy interview, go to DRG_END.
Otherwise, go to DRG_QINT1.

DRG_QINT1 **Now I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**
INTERVIEWER: Press <Enter> to continue.

DRG_Q01 **Have you ever used or tried marijuana, cannabis or hashish?**
IDGn_01 INTERVIEWER: Read categories to respondent.

- 1 **Yes, just once**
- 2 **Yes, more than once**
- 3 **No** (Go to DRG_Q04)
DK, R (Go to DRG_END)

DRG_Q02 **Have you used it in the past 12 months?**
IDGn_02

- 1 Yes
- 2 No (Go to DRG_Q04)
DK, R (Go to DRG_Q04)

DRG_C03 If DRG_Q01 = 1, go to DRG_Q04.

DRG_Q03 **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**
IDGn_03 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
DK, R

DRG_Q04 **Have you ever used or tried cocaine or crack?**
IDGn_04

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q07)
DK, R (Go to DRG_Q07)

DRG_Q05 **Have you used it in the past 12 months?**
IDGn_05

- 1 Yes
- 2 No (Go to DRG_Q07)
DK, R (Go to DRG_Q07)

DRG_C06 If DRG_Q04 = 1, go to DRG_Q07.

DRG_Q06
IDGn_06

How often (did you use cocaine or crack in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, R

DRG_Q07
IDGn_07

Have you ever used or tried speed (amphetamines)?

- 1 Yes, just once
 - 2 Yes, more than once
 - 3 No (Go to DRG_Q10)
- DK, R (Go to DRG_Q10)

DRG_Q08
IDGn_08

Have you used it in the past 12 months?

- 1 Yes
 - 2 No (Go to DRG_Q10)
- DK, R (Go to DRG_Q10)

DRG_C09

If DRG_Q07 = 1, go to DRG_Q10.

DRG_Q09
IDGn_09

How often (did you use speed (amphetamines) in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, R

DRG_Q10
IDGn_10

Have you ever used or tried ecstasy (MDMA) or other similar drugs?

- 1 Yes, just once
 - 2 Yes, more than once
 - 3 No (Go to DRG_Q13)
- DK, R (Go to DRG_Q13)

DRG_Q11
IDGn_11

Have you used it in the past 12 months?

- 1 Yes
 - 2 No (Go to DRG_Q13)
- DK, R (Go to DRG_Q13)

DRG_C12

If DRG_Q10 = 1, go to DRG_Q13.

DRG_Q12 **How often (did you use ecstasy or other similar drugs in the past 12 months)?**

IDGn_12 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, R

DRG_Q13 **Have you ever used or tried hallucinogens, PCP or LSD (acid)?**

IDGn_13

- 1 Yes, just once
 - 2 Yes, more than once
 - 3 No (Go to DRG_Q16)
- DK, R (Go to DRG_Q16)

DRG_Q14 **Have you used it in the past 12 months?**

IDGn_14

- 1 Yes
 - 2 No (Go to DRG_Q16)
- DK, R (Go to DRG_Q16)

DRG_C15 If DRG_Q13 = 1, go to DRG_Q16.

DRG_Q15 **How often (did you use hallucinogens, PCP or LSD in the past 12 months)?**

IDGn_15

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, R

DRG_Q16 **Did you ever sniff glue, gasoline or other solvents?**

IDGn_16

- 1 Yes, just once
 - 2 Yes, more than once
 - 3 No (Go to DRG_Q19)
- DK, R (Go to DRG_Q19)

DRG_Q17 **Did you sniff some in the past 12 months?**

IDGn_17

- 1 Yes
 - 2 No (Go to DRG_Q19)
- DK, R (Go to DRG_Q19)

DRG_C18 If DRG_Q16 = 1, go to DRG_Q19.

DRG_Q18
IDGn_18

How often (did you sniff glue, gasoline or other solvents in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, R

DRG_Q19
IDGn_19

Have you ever used or tried heroin?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q22)
- DK, R (Go to DRG_Q22)

DRG_Q20
IDGn_20

Have you used it in the past 12 months?

- 1 Yes
- 2 No (Go to DRG_Q22)
- DK, R (Go to DRG_Q22)

DRG_C21

If DRG_Q19 = 1, go to DRG_Q22.

DRG_Q21
IDGn_21

How often (did you use heroin in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, R

DRG_Q22
IDGn_22

Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_C25A1)
- DK, R (Go to DRG_C25A1)

DRG_Q23
IDGn_23

Have you used it in the past 12 months?

- 1 Yes
- 2 No (Go to DRG_C25A1)
- DK, R (Go to DRG_C25A1)

DRG_C24

If DRG_Q22 = 1, go to DRG_C25A1.

DRG_Q24 **How often (did you use steroids in the past 12 months)?**

IDGn_24 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
 - 2 **1 to 3 times a month**
 - 3 **Once a week**
 - 4 **More than once a week**
 - 5 **Every day**
- DK, R

DRG_C25A_1 DRG_C25A1 = Count of instances where DRG_Q01, DRG_Q04, DRG_Q07, DRG_Q10, DRG_Q13, DRG_Q16 and DRG_Q19 = 3, DK or R.

If DRG_C25A1 = 7, go to DRG_END.

DRG_C25A_2 DRG_C25A2 = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09, DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

If DRG_C25A_2 >= 1, go to DRG_Q25A.
Otherwise, go to DRG_END.

DRG_Q25A **(During the past 12 months,) did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?**

IDGn_25A

- 1 Yes
 - 2 No
- DK, R

DRG_QINT25B **People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.**

INTERVIEWER: Press <Enter> to continue.

DRG_Q25B **(During the past 12 months,) did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**

IDGn_25B

- 1 Yes
 - 2 No
- DK, R

DRG_Q25C **(During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?**

IDGn_25C

- 1 Yes
 - 2 No
- DK, R

DRG_Q25D (During the past 12 months,) did you ever have times when you used drugs
IDGn_25D even though you promised yourself you wouldn't, or times when you used
a lot more drugs than you intended?

- 1 Yes (Go to DRG_Q25G)
- 2 No
DK, R

DRG_Q25E (During the past 12 months,) were there ever times when you used drugs
IDGn_25E more frequently, or for more days in a row than you intended?

- 1 Yes
- 2 No
DK, R

DRG_Q25F (During the past 12 months,) did you ever have periods of several days or
IDGn_25F more when you spent so much time using drugs or recovering from the
effects of using drugs that you had little time for anything else?

- 1 Yes
- 2 No
DK, R

DRG_Q25G (During the past 12 months,) did you ever have periods of a month or
IDGn_25G longer when you gave up or greatly reduced important activities because of
your use of drugs?

- 1 Yes
- 2 No
DK, R

DRG_Q25H During the past 12 months, did you ever continue to use drugs when you
IDGn_25H knew you had a serious physical or emotional problem that might have
been caused by or made worse by your use?

- 1 Yes
- 2 No
DK, R

DRG_QINT26 Please tell me what number best describes how much your use of drugs
interfered with each of the following activities during the past 12 months.
For each activity, answer with a number between 0 and 10; 0 means "no
interference", while 10 means "very severe interference".
INTERVIEWER: Press <Enter> to continue.

DRG_Q26A **How much did your use of drugs interfere with your home responsibilities,**
IDGn_26A **like cleaning, shopping and taking care of the house or apartment?**

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26B_1 **How much did your use interfere with your ability to attend school?**
IDGn_6B1 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

|_| Number
(MIN: 0) (MAX: 11)
DK, R

DRG_Q26B_2 **How much did your use interfere with your ability to work at a regular job?**
IDGn_6B2 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number
(MIN: 0) (MAX: 11)
DK, R

DRG_Q26C **(During the past 12 months,) how much did your use of drugs interfere with**
IDGn_26C **your ability to form and maintain close relationships with other people?**
Remember that 0 means “no interference” and 10 means “very severe interference”.

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

||| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26D
IDGn_26D

How much did your use of drugs interfere with your social life?

- 0** **No interference**
- 1** |
- 2** |
- 3** |
- 4** |
- 5** |
- 6** |
- 7** |
- 8** |
- 9** V
- 10** **Very severe interference**

|_| | Number
(MIN: 0) (MAX: 10)
DK, R

DRG_END

FOR INFORMATION ONLY

PROBLEM GAMBLING (CPG)

CPG_C01 If (do CPG block = 2), go to CPG_END.
 CPGnFDO Otherwise, go to CPG_C2.

CPG_C02 If proxy interview, go to CPG_END.
 Otherwise, go to CPG_C3.

CPG_C03 CPG_C03 = Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or R.

CPG_QINT1 **People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.**

The next questions are about gambling activities and experiences. Some of these questions may not apply to you; however, they need to be asked of all respondents.

INTERVIEWER: Press <Enter> to continue.

CPG_Q01A **In the past 12 months, how often have you bet or spent money on instant**
 CPGn_01A **win/scratch tickets or daily lottery tickets (Keno, Pick 2, Encore, Banco, Extra)?**

INTERVIEWER: Read categories to respondent.

Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund raising tickets.

- 1 **Daily**
- 2 **Between 2 to 6 times a week**
- 3 **About once a week**
- 4 **Between 2 to 3 times a month**
- 5 **About once a month**
- 6 **Between 6 to 11 times a year**
- 7 **Between 1 to 5 times a year**
- 8 Never
DK, R

CPG_C01A If CPG_Q01A = R, go to CPG_END
 Otherwise, go to CPG_Q01B.

CPG_Q01B **(In the past 12 months,) how often have you bet or spent money on lottery**
 CPGn_01B **tickets such as 6/49 and Super 7, raffles or fund-raising tickets?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01C (In the past 12 months,) how often have you bet or spent money on Bingo?
CPGn_01C

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01D (In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?
CPGn_01D

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01E (In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?
CPGn_01E

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01F (In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?
CPGn_01F

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01G (In the past 12 months,) how often have you bet or spent money on casino
CPGn_01G games other than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01H (In the past 12 months,) how often have you bet or spent money on Internet
CPGn_01H or arcade gambling?

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01I In the past 12 months, how often have you bet or spent money on live
CPGn_01I horse racing at the track or off track?

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01J (In the past 12 months,) how often have you bet or spent money on sports
CPGn_01J such as sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01K
CPGn_01K

(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?

INTERVIEWER: Speculative investments refers to buying high-risk stocks, but does not include low-risk bonds, RRSPs and/or mutual funds.

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01L
CPGn_01L

In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_Q01M
CPGn_01M

(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?

- 1 Daily
 - 2 Between 2 to 6 times a week
 - 3 About once a week
 - 4 Between 2 to 3 times a month
 - 5 About once a month
 - 6 Between 6 to 11 times a year
 - 7 Between 1 to 5 times a year
 - 8 Never
- DK, R

CPG_C01N

If CPG_C03 = 12 and CPG_Q01A = 7, 8 or DK, go to CPG_END.
Otherwise, go to CPG_Q01N.

CPG_Q01N **In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?**
CPGn_01N

INTERVIEWER: Read categories to respondent.

- 1 **Between 1 dollar and 50 dollars**
 - 2 **Between 51 dollars and 100 dollars**
 - 3 **Between 101 dollars and 250 dollars**
 - 4 **Between 251 dollars and 500 dollars**
 - 5 **Between 501 dollars and 1000 dollars**
 - 6 **More than 1000 dollars**
- DK, R

CPG_QINT2 **The next questions are about gambling attitudes and experiences. Again, all the questions will refer to the past 12 months.**

INTERVIEWER: Press <Enter> to continue.

CPG_Q02 **In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?**
CPGn_02

INTERVIEWER: Read categories to respondent.

- 1 **Never**
 - 2 **Sometimes**
 - 3 **Most of the time**
 - 4 **Almost always**
 - 5 I am not a gambler (Go to CPG_END)
- DK
R (Go to CPG_END)

CPG_Q03 **(In the past 12 months,) how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?**
CPGn_03

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q04 **(In the past 12 months,) when you gambled, how often did you go back another day to try to win back the money you lost?**
CPGn_04

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q05 **In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?**
CPGn_05

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q06
CPGn_06

(In the past 12 months,) how often have you felt that you might have a problem with gambling?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q07
CPGn_07

(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q08
CPGn_08

(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q09
CPGn_09

(In the past 12 months,) how often has your gambling caused financial problems for you or your family?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q10
CPGn_10

In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q11
CPGn_11

(In the past 12 months,) how often have you lied to family members or others to hide your gambling?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q12 (In the past 12 months,) how often have you wanted to stop betting money
CPGn_12 or gambling, but didn't think you could?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q13 In the past 12 months, how often have you bet more than you could really
CPGn_13 afford to lose?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q14 (In the past 12 months,) have you tried to quit or cut down on your
CPGn_14 gambling but were unable to do it?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q15 (In the past 12 months,) have you gambled as a way of forgetting problems
CPGn_15 or to feel better when you were depressed?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_Q16 (In the past 12 months,) has your gambling caused any problems with your
CPGn_16 relationship with any of your family members or friends?

- 1 Never
 - 2 Sometimes
 - 3 Most of the time
 - 4 Almost always
- DK, R

CPG_C17 For CPG_Q03 through CPG_Q10 and CPG_Q13, recode 1=0, 2=1, 3=2 and 4=3
into CPG_C17A through CPG_C17I.
CPG_C17J = Sum CPG_C17A through CPG_C17I.
If CPG_C17J <= 2, go to CPG_END.
Otherwise, go to CPG_Q17.

CPG_Q17 Has anyone in your family ever had a gambling problem?
CPGn_17

- 1 Yes
 - 2 No
- DK, R

CPG_Q18 **In the past 12 months, have you used alcohol or drugs while gambling?**
CPGn_18

- 1 Yes
- 2 No
- DK, R

CPG_QINT19 **Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.**
INTERVIEWER: Press <Enter> to continue.

CPG_Q19A **During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**
CPGn_19A

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

||| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_Q19B_1 **How much did these activities interfere with your ability to attend school?**
CPGn_9B1 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

||| Number
(MIN: 0) (MAX: 11)
DK, R

CPG_Q19B_2 **How much did they interfere with your ability to work at a job?**
 CPGn_9B2 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|_| Number
 (MIN: 0) (MAX: 11)
 DK, R

CPG_Q19C **(During the past 12 months,) how much did your gambling activities**
 CPGn_19C **interfere with your ability to form and maintain close relationships with**
other people? (Remember that 0 means “no interference” and 10 means
“very severe interference”).

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|_| Number
 (MIN: 0) (MAX: 10)
 DK, R

CPG_Q19D
CPGn_19D

How much did they interfere with your social life?

- 0 **No interference**
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 **Very severe interference**

||| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_END

FOR INFORMATION ONLY

EATING TROUBLES ASSESSMENT (ETA)

ETA_C1 If (do ETA block = 2), go to ETA_END.
 ETAnFDO Otherwise, go to ETA_C2.

ETA_C2 If proxy interview, go to ETA_END.
 Otherwise, go to ETA_Q01A.

ETA_Q01A **This part of the interview is about problems people may have with their weight or with eating.**
 ETAn_01A **Was there ever a time in your life when you had a strong fear or a great deal of concern about being too fat or overweight?**

- 1 Yes
- 2 No (Go to ETA_END)
- DK, R (Go to ETA_END)

ETA_Q01B **During the past 12 months, did you have a strong fear or a great deal of concern about being too fat or overweight?**
 ETAn_01B

- 1 Yes
- 2 No (Go to ETA_END)
- DK, R (Go to ETA_END)

ETA_QINT2 **Now I am going to read you a series of statements about food and eating habits that describe feelings and experiences that you may have had during the past 12 months. Please tell me whether the statements are true for you by answering, “always”, “usually”, “often”, “sometimes”, “rarely”, or “never”.**
 INTERVIEWER: Press <Enter> to continue.

ETA_Q02 **You are terrified about being overweight.**

- ETAn_02
- 1 Always
 - 2 Usually
 - 3 Often
 - 4 Sometimes
 - 5 Rarely
 - 6 Never
 - DK, R

ETA_Q03 **You avoid eating when you are hungry.**

- ETAn_03
- 1 Always
 - 2 Usually
 - 3 Often
 - 4 Sometimes
 - 5 Rarely
 - 6 Never
 - DK, R

ETA_Q04 **You find yourself preoccupied with food.**
ETAn_04

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q05 **You go on eating binges where you feel you may not be able to stop.**
ETAn_05

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q06 **You cut your food into small pieces.**
ETAn_06

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q07 **You are aware of the calorie content of the foods you eat.**
ETAn_07

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q08 **You particularly avoid food with a high carbohydrate content such as bread, rice or potatoes.**
ETAn_08

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q09
ETAn_09

(Again, in the past 12 months, please tell me how true the following statements are for you.)

You feel that others would prefer if you ate more.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q10
ETAn_10

You vomit after you eat.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q11
ETAn_11

You feel extremely guilty after eating.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q12
ETAn_12

You are preoccupied with a desire to be thinner.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q13
ETAn_13

You think about burning up calories when you exercise.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q14 **Other people think you are too thin.**
ETAn_14

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q15 **You are preoccupied with the thought of having fat on your body.**
ETAn_15

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q16 **You take longer than others to eat your meals.**
ETAn_16

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q17 **You avoid foods with sugar in them.**
ETAn_17

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q18 **Again, in the past 12 months, please tell me how true the following
statements are for you.**
ETAn_18

You eat diet foods.

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q19 **You feel that food controls your life.**
ETAn_19

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q20 **You display self-control around food.**
ETAn_20

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q21 **You feel that others pressure you to eat.**
ETAn_21

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q22 **You give too much time and thought to food.**
ETAn_22

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q23 **You feel uncomfortable after eating sweets.**
ETAn_23

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q24 **You engage in dieting behaviour.**

ETAn_24

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q25 **You like your stomach to be empty.**

ETAn_25

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q26 **You have the impulse to vomit after meals.**

ETAn_26

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_Q27 **You enjoy trying new rich foods.**

ETAn_27

- 1 Always
- 2 Usually
- 3 Often
- 4 Sometimes
- 5 Rarely
- 6 Never
- DK, R

ETA_END

MATERNAL EXPERIENCES (MEX)

May 3, 2004

MEX_BEG

MEX_C01A If (do MEX block = 1), go to MEX_C01B.
Otherwise, go to MEX_END.

MEX_C01B If proxy interview or sex = male or age < 15 or > 55, go to MEX_END.
Otherwise, go to MEX_Q01.

MEX_Q01 **Now a few questions for recent mothers.**
Have you given birth in the past 5 years?
INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to MEX_END)
- DK, R (Go to MEX_END)

MEX_Q01A **In what year?**
INTERVIEWER: Enter year of birth of last baby.
Minimum is [current year - 5]; maximum is [current year].

____ Year
(MIN: 2000) (MAX: 2005)
DK, R

MEX_Q02 **Did you take a vitamin supplement containing folic acid before your (last) pregnancy, that is, before you found out that you were pregnant?**

- 1 Yes
- 2 No
- DK, R

MEX_Q03 **(For your last baby,) did you breastfeed or try to breastfeed your baby, even if only for a short time?**

- 1 Yes (Go to MEX_Q05)
- 2 No
- DK, R (Go to MEX_C20)

MEX_Q04 **What is the main reason that you did not breastfeed?**

- 1 Bottle feeding easier
- 2 Formula as good as breast milk
- 3 Breastfeeding is unappealing / disgusting
- 4 Father / partner didn't want me to
- 5 Returned to work / school early
- 6 C-Section
- 7 Medical condition - mother
- 8 Medical condition - baby
- 9 Premature birth
- 10 Multiple births (e.g. twins)
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify
DK, R

MEX_C04S If MEX_Q04 = 13, go to MEX_Q04S.
Otherwise, go to MEX_C20.

MEX_Q04S INTERVIEWER: Specify.

(80 spaces)
DK, R

Go to MEX_C20

MEX_Q05 **Are you still breastfeeding?**

- 1 Yes (Go to MEX_Q07)
- 2 No
DK, R (Go to MEX_C20)

MEX_Q06 **How long did you breastfeed (your last baby)?**

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
DK, R (Go to MEX_C20)

MEX_Q07 **How old was your (last) baby when you first added any other liquids (e.g. milk, formula, water, teas, herbal mixtures) or solid foods to the baby's feeds?**

INTERVIEWER: If exact age not known, obtain best estimate.

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- 13 Have not added liquids or solids (Go to MEX_Q09)
DK, R (Go to MEX_C20)

MEX_Q08 **What is the main reason that you first added other liquids or solid foods?**

- 1 Not enough breast milk
- 2 Baby was ready for solid foods
- 3 Inconvenience / fatigue due to breastfeeding
- 4 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 5 Medical condition - mother
- 6 Medical condition - baby
- 7 Advice of doctor / health professional
- 8 Returned to work / school
- 9 Advice of partner / family / friends
- 10 Formula equally healthy for baby
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify
DK, R

MEX_C08S If MEX_Q08 = 13, go to MEX_Q08S.
Otherwise, go to MEX_C09.

MEX_Q08S INTERVIEWER: Specify.

(80 spaces)
DK, R

MEX_C09 If MEX_Q07 = 1 (baby less than 1 week), go to MEX_C10.
Otherwise, go to MEX_Q09.

MEX_Q09 **During the time when your (last) baby was only fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?**

- 1 Yes
- 2 No
DK, R

MEX_C10 If MEX_Q05 = 1 (still breastfeeding), go to MEX_C20.
Otherwise, go to MEX_Q10.

MEX_Q10 **What is the main reason that you stopped breastfeeding?**

- 1 Not enough breast milk
- 2 Baby was ready for solid foods
- 3 Inconvenience / fatigue due to breastfeeding
- 4 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 5 Medical condition - mother
- 6 Medical condition - baby
- 7 Planned to stop at this time
- 8 Child weaned him / herself (e.g., baby biting, refusing breast)
- 9 Advice of doctor / health professional
- 10 Returned to work / school
- 11 Advice of partner
- 12 Formula equally healthy for baby
- 13 Wanted to drink alcohol
- 14 Wanted to smoke
- 15 Other - Specify
DK, R

MEX_C10S If MEX_Q10 = 15, go to MEX_Q10S.
Otherwise, go to MEX_C20.

MEX_Q10S INTERVIEWER: Specify.

(80 spaces)
DK, R

MEX_C20 If SMK_Q202 = 1 or 2 or SMK_Q201A = 1 or SMK_Q201B = 1 (current or former smoker), go to MEX_Q20.
Otherwise, go to MEX_Q26.

MEX_Q20 **During your last pregnancy, did you smoke daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to MEX_Q22)
- 3 Not at all (Go to MEX_C23)
DK, R (Go to MEX_Q26)

Daily Smokers only

MEX_Q21 **How many cigarettes did you usually smoke each day?**

I_I_I Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to MEX_C23

Occasional Smokers only

MEX_Q22 **On the days that you smoked, how many cigarettes did you usually smoke?**

1-1 Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)
DK, R

MEX_C23 If MEX_Q03 = 2 (didn't breastfeed last baby), go to MEX_Q26.
Otherwise, go to MEX_Q23.

MEX_Q23 **When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to MEX_Q25)
- 3 Not at all (Go to MEX_Q26)
- DK, R (Go to MEX_Q26)

Daily smokers only

MEX_Q24 **How many cigarettes did you usually smoke each day?**

1-1 Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to MEX_Q26

Occasional smokers only

MEX_Q25 **On the days that you smoked, how many cigarettes did you usually smoke?**

1-1 Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)
DK, R

MEX_Q26 **Did anyone regularly smoke in your presence during or after the pregnancy (about 6 months after)?**

- 1 Yes
- 2 No
- DK, R

MEX_C30 If ALC_Q1 = 1 or ALC_Q5B = 1 (drank in past 12 months or ever drank), go to MEX_Q30.
Otherwise, go to MEX_END.

MEX_Q30 **Did you drink any alcohol during your last pregnancy?**

- 1 Yes
- 2 No (Go to MEX_C32)
- DK, R (Go to MEX_END)

MEX_Q31 **How often did you drink?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
DK, R

MEX_C32 If MEX_Q03 = 2 (did not breastfeed last baby), go to MEX_END.
Otherwise, go to MEX_Q32.

MEX_Q32 **Did you drink any alcohol while you were breastfeeding (your last baby)?**

- 1 Yes
- 2 No (Go to MEX_END)
DK, R (Go to MEX_END)

MEX_Q33 **How often did you drink?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
DK, R

MEX_END

SEXUAL BEHAVIOUR (SXB)

SXB_C01A If (do SXB block = 1), go to SXB_C01B.
 SXBnFDO Otherwise, go to SXB_END.

SXB_C01B If proxy interview or age < 15 or > 49, go to SXB_END.
 Otherwise, go to SXB_R01.

SXB_R01 **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**
 INTERVIEWER: Press <Enter> to continue.

SXB_Q01 **Have you ever had sexual intercourse?**
 SXBn_1

- 1 Yes
- 2 No (Go to SXB_END)
- DK, R (Go to SXB_END)

SXB_Q02 **How old were you the first time?**
 SXBn_2 INTERVIEWER: Maximum is [current age].

[_|_] Age in years
 (MIN: 1; warning below 12) (MAX: current age)

DK, R (Go to SXB_END)

SXB_E02 If (SXB_Q02 >= 1) and (SXB_Q02 <= current age), go to SXB_Q03.
 Otherwise, show pop-up edit as follows.

The entered age at which the respondent first had sexual intercourse is invalid. Please return and correct.

SXB_Q03 **In the past 12 months, have you had sexual intercourse?**
 SXBn_3

- 1 Yes
- 2 No (Go to SXB_Q07)
- DK, R (Go to SXB_END)

SXB_Q04 **With how many different partners?**
 SXBn_4

- 1 1 partner
- 2 2 partners
- 3 3 partners
- 4 4 or more partners
- DK
- R (Go to SXB_END)

SXB_Q07 **Have you ever been diagnosed with a sexually transmitted disease?**
 SXBn_07

- 1 Yes
- 2 No
- DK, R

SXB_C08A If SXB_Q03 = 1 (had intercourse in last 12 months), go to SXB_C08C.
Otherwise, go to SXB_END.

SXB_C08C If marital status = 1 (married) or 2 (common-law) and SXB_Q04 = 1 (one partner),
go to SXB_C09B.
Otherwise, go to SXB_Q08.

SXB_Q08 **Did you use a condom the last time you had sexual intercourse?**

SXBn_7A

- 1 Yes
- 2 No
- DK, R

SXB_C09B If age > 24, go to SXB_END.
Otherwise, go to SXB_R02.

SXB_R02 **Now a few questions about birth control.**

INTERVIEWER: Press <Enter> to continue.

SXB_C09C If sex = female, go to SXB_C09D.
Otherwise, go to SXB_R04.

SXB_C09D If MAM_Q037 = 1 (currently pregnant), go to SXB_Q11.
Otherwise, go to SXB_R03.

SXB_R03 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

SXB_Q09 **It is important to me to avoid getting pregnant right now.**

SXBn_09

- 1 Strongly agree (Go to SXB_Q11)
- 2 Agree (Go to SXB_Q11)
- 3 Neither agree nor disagree (Go to SXB_Q11)
- 4 Disagree (Go to SXB_Q11)
- 5 Strongly disagree (Go to SXB_Q11)
- DK (Go to SXB_Q11)
- R (Go to SXB_END)

SXB_R04 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

INTERVIEWER: Press <Enter> to continue.

SXB_Q10 **It is important to me to avoid getting my partner pregnant right now.**

SXBn_10

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Doesn't have a partner right now
- DK
- R (Go to SXB_END)

SXB_Q11 **In the past 12 months, did you and your partner usually use birth control?**
 SXBn_11

- 1 Yes (Go to SXB_Q12)
- 2 No (Go to SXB_END)
- DK, R (Go to SXB_END)

SXB_Q12 **What kind of birth control did you and your partner usually use?**
INTERVIEWER: Mark all that apply.

- SXBn_12A 1 Condom (male or female condom)
- SXBn_12B 2 Birth control pill
- SXBn_12C 3 Diaphragm
- SXBn_12D 4 Spermicide (e.g., foam, jelly, film)
- SXBn_12F 5 Birth control injection (Deprovera)
- SXBn_12E 5 Other - Specify
 DK, R (Go to SXB_END)

SXB_C12S If SXB_Q12 = 6, go to SXB_Q12S.
 Otherwise, go to SXB_C13.

SXB_Q12S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

SXB_C13 If MAM_Q037 = 1 (currently pregnant), go to SXB_END.
 Otherwise, go to SXB_Q13.

SXB_Q13 **What kind of birth control did you and your partner use the last time you had sex?**
INTERVIEWER: Mark all that apply.

- SXBn_13A 1 Condom (male or female condom)
- SXBn_13B 2 Birth control pill
- SXBn_13C 3 Diaphragm
- SXBn_13D 4 Spermicide (e.g., foam, jelly, film)
- SXBn_13F 5 Birth control injection (Deprovera)
- SXBn_13G 6 Nothing
- SXBn_13E 7 Other - Specify
 DK, R (Go to SXB_END)

SXB_C13S If SXB_Q13 = 7, go to SXB_Q13S.
 Otherwise, go to SXB_END.

SXB_Q13S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

SXB_END

MEDICATION USE (MED)

MED_C1 If (do MED block = 2), go to MED_END.
MEDnFDO Otherwise, go to MED_QINT.

MED_QINT **Now I'd like to ask a few questions about [your/FNAME's] use of medications, both prescription and over-the-counter.**
INTERVIEWER: Press <Enter> to continue.

MED_Q1A **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**
MEDn_1A

... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?

- 1 Yes
- 2 No
 DK
 R (Go to MED_END)

MED_Q1B **... tranquilizers such as Valium or Ativan?**
MEDn_1B

- 1 Yes
- 2 No
 DK, R

MED_Q1C **... diet pills such Dexatrim, Ponderal or Fastin?**
MEDn_1C

- 1 Yes
- 2 No
 DK, R

MED_Q1D **... anti-depressants such as Prozac, Paxil or Effexor?**
MEDn_1D

- 1 Yes
- 2 No
 DK, R

MED_Q1E **... codeine, Demerol or morphine?**
MEDn_1E

- 1 Yes
- 2 No
 DK, R

MED_Q1F **... allergy medicine such as Reactine or Allegra?**
MEDn_1F

- 1 Yes
- 2 No
 DK, R

MED_Q1G ... asthma medications such as inhalers or nebulizers?
 MEDn_1G

- 1 Yes
- 2 No
DK, R

MED_E1G If MED_Q1G = 1 and CCC_Q036 = 2 (not taking medication for asthma) show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken medicine for asthma in the past month but previously reported that he/she did not. Please confirm.

MED_Q1H ... cough or cold remedies?
 MEDn_1H

- 1 Yes
- 2 No
DK, R

MED_Q1I ... penicillin or other antibiotics?
 MEDn_1I

- 1 Yes
- 2 No
DK, R

MED_Q1J ... medicine for the heart?
 MEDn_1J

- 1 Yes
- 2 No
DK, R

MED_Q1K ... medicine for blood pressure?
 MEDn_1K

- 1 Yes
- 2 No
DK, R

MED_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:
 MEDn_1L

... diuretics or water pills?

- 1 Yes
- 2 No
DK, R

MED_Q1M ... steroids?
 MEDn_1M

- 1 Yes
- 2 No
DK, R

MED_Q1N ... insulin?
MEDn_1N

- 1 Yes
- 2 No
DK, R

MED_E1N If MED_Q1N = 1 and CCC_Q105 = 2 (not currently taking insulin), show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken insulin in the past month but previously reported that he/she did not. Please confirm.

MED_Q1O ... pills to control diabetes?
MEDn_1O

- 1 Yes
- 2 No
DK, R

MED_E1O If MED_Q1O = 1 and CCC_Q101 = 2 (not having diabetes) show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken pills to control diabetes in the last month but previously reported that he/she did not have diabetes. Please confirm.

MED_Q1P ... sleeping pills such as Imovane, Nytol or Starnoc?
MEDn_1P

- 1 Yes
- 2 No
DK, R

MED_Q1Q ... stomach remedies?
MEDn_1Q

- 1 Yes
- 2 No
DK, R

MED_Q1R ... laxatives?
MEDn_1R

- 1 Yes
- 2 No
DK, R

MED_C1S If sex = female and age <= 49, go to MED_Q1S.
Otherwise, go to MED_C1T.

MED_Q1S ... birth control pills?
MEDn_1S

- 1 Yes
- 2 No
DK, R

MED_C1T If sex = female and age >= 30, go to MED_Q1T.
Otherwise, go to MED_Q1U.

MED_Q1T ... hormones for menopause or ageing symptoms?

MEDn_1T

- 1 Yes
- 2 No (Go to MED_Q1U)
- DK, R (Go to MED_Q1U)

MED_Q1T1 **What type of hormones [are/is] [you/she] taking?**

MEDn_1T1

INTERVIEWER: Read categories to respondent.

- 1 **Estrogen only**
- 2 **Progesterone only**
- 3 **Both**
- 4 **Neither**
- DK, R

MED_Q1T2 **When did [you/she] start this hormone therapy?**

MEDn_1T2

INTERVIEWER: Enter the year (minimum is [year of birth + 30]; maximum is [current year]).

[_][_][_][_] Year
 (MIN: year of birth + 30) (MAX: current year)
 DK, R

MED_E1T2 If outside these ranges, show pop-up edit as follows:

Year must be between [year of birth + 30] and [current year]. Please return and correct.

MED_Q1U **In the past month, that is, from [date one month ago] to yesterday, did**

MEDn_1U

[you/FNAME] take:

... thyroid medication such as Synthroid or levothyroxine?

- 1 Yes
- 2 No
- DK, R

MED_Q1V **... any other medication?**

MEDn_1V

- 1 Yes
- 2 No
- DK, R

MED_C1V If MED_Q1V <> 1, go to MED_END.
 Otherwise, go to MED_Q1VS.

MED_Q1VS INTERVIEWER: Specify.

 (80 spaces)
 DK, R

MED_END

PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE (PWB)

PWB_C1 If (do PWB block = 2), go to PWB_END.
PWBnFDO Otherwise, go to PWB_C2.

PWB_C2 If proxy interview, go to PWB_END.
Otherwise, go to PWB_QINT.

PWB_QINT **Now I'm going to read you a series of statements that people might use to describe themselves. Please tell me if you had these feelings almost always, frequently, half the time, rarely or never.**
INTERVIEWER: Press <Enter> to continue.

PWB_Q01 **During the past month, you felt self-confident.**
PWBn_01 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
 - 2 **Frequently**
 - 3 **Half the time**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

PWB_Q02 **During the past month, you felt satisfied with what you were able to accomplish, you felt proud of yourself.**
PWBn_02 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
 - 2 **Frequently**
 - 3 **Half the time**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

PWB_Q03 **(During the past month,) you were a “go-getter”, you took on lots of projects.**
PWBn_03

- 1 Almost always (Go to PWB_Q04)
 - 2 Frequently (Go to PWB_Q04)
 - 3 Half the time (Go to PWB_Q04)
 - 4 Rarely (Go to PWB_Q04)
 - 5 Never (Go to PWB_Q04)
- DK, R

PWB_C04 If (PWB_Q01 = DK or R and PWB_Q02 = DK or R), go to PWB_END.
Otherwise, go to PWB_Q04.

PWB_Q04
PWBn_04

(During the past month,) you felt emotionally balanced.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
DK, R

PWB_Q05
PWBn_05

(During the past month,) you felt loved and appreciated.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
DK, R

PWB_Q06
PWBn_06

(During the past month,) you had goals and ambitions.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
DK, R

PWB_Q07
PWBn_07

(During the past month,) you felt like having fun, participating in sports and all your favourite activities and hobbies.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
DK, R

PWB_Q08
PWBn_08

During the past month, you felt useful.

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
DK, R

PWB_Q09
PWBn_09

(During the past month,) you smiled easily.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
DK, R

PWB_Q10
PWBn_10 **(During the past month,) you were true to yourself, being natural at all times.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q11
PWBn_11 **(During the past month,) you did a good job of listening to your friends.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q12
PWBn_12 **(During the past month,) you were curious and interested in all sorts of things.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q13
PWBn_13 **(During the past month,) you were able to clearly sort things out when faced with complicated situations.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q14
PWBn_14 **(During the past month,) you found life exciting and you wanted to enjoy every moment of it.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q15
PWBn_15 **(During the past month,) your life was well-balanced between your family, personal and professional activities.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q16
PWBn_16 **During the past month, you were quite calm and level-headed.**
INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
 - 2 **Frequently**
 - 3 **Half the time**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

PWB_Q17
PWBn_17 **(During the past month,) you were able to easily find answers to your problems.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q18
PWBn_18 **(During the past month,) you got along well with everyone around you.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q19
PWBn_19 **(During the past month,) you lived at a normal pace, not doing anything excessively.**

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q20 (During the past month,) you had the impression of really enjoying life.
PWBn_20

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q21 (During the past month,) you had a good sense of humour, easily making
PWBn_21 your friends laugh.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q22 (During the past month,) you felt good, at peace with yourself.
PWBn_22

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q23 (During the past month,) you felt healthy and in good shape.
PWBn_23

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q24 (During the past month,) you were able to face difficult situations in a
PWBn_24 positive way.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q25

PWBn_25

(During the past month,) your morale was good.

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_END

FOR INFORMATION ONLY

SOCIAL SUPPORT – AVAILABILITY (SSA)

SSA_BEG

SSA_C1 If (do SSA block = 1), go to SSA_C2.
Otherwise, go to SSA_END.

SSA_C2 If proxy interview, go to SSA_END.
Otherwise, go to SSA_R1.

SSA_R1 **Next are some questions about the support that is available to you.**
INTERVIEWER: Press <Enter> to continue.

SSA_Q01 **Starting with a question on friendship, about how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?**

|_|_| Close friends
(MIN: 0) (MAX: 99; warning after 20)

DK, R (Go to SSA_END)

SSA_R2 **People sometimes look to others for companionship, assistance or other types of support.**
INTERVIEWER: Press <Enter> to continue.

SSA_Q02 **How often is each of the following kinds of support available to you if you need it:**

... someone to help you if you were confined to bed?

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
 - 2 **A little of the time**
 - 3 **Some of the time**
 - 4 **Most of the time**
 - 5 **All of the time**
- DK, R (Go to SSA_END)

SSA_C02 If SSA_Q02 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to help you if you were confined to bed".

SSA_Q03 **(How often is each of the following kinds of support available to you if you need it:)**

... someone you can count on to listen to you when you need to talk?

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

- SSA_C03 If SSA_Q03 = 2, 3, 4 or 5 then KEY_PHRASES24A = “to listen to you”.
- SSA_Q04 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone to give you advice about a crisis?
- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R
- SSA_C04 If SSA_Q04 = 2, 3, 4 or 5 then KEY_PHRASES24A = “to give you advice”.
- SSA_Q05 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone to take you to the doctor if you needed it?
- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R
- SSA_C05 If SSA_Q05 = 2, 3, 4 or 5 then KEY_PHRASES21A = “to take you to the doctor”.
- SSA_Q06 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone who shows you love and affection?
- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R
- SSA_C06 If SSA_Q06 = 2, 3, 4 or 5 then KEY_PHRASES22A = “to show you affection”.
- SSA_Q07 **Again, how often is each of the following kinds of support available to you if you need it:**
- ... someone to have a good time with?
- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

SSA_C07 If SSA_Q07 = 2, 3, 4 or 5 then KEY_PHRASES23A = “to have a good time with”.

SSA_Q08 **(How often is each of the following kinds of support available to you if you need it:)**

... someone to give you information in order to help you understand a situation?

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

SSA_C08 If SSA_Q08 = 2, 3, 4 or 5 then KEY_PHRASES24A = “to give you information”.

SSA_Q09 **(How often is each of the following kinds of support available to you if you need it:)**

... someone to confide in or talk to about yourself or your problems?

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

SSA_C09 If SSA_Q09 = 2, 3, 4 or 5 then KEY_PHRASES24A = “to confide in”.

SSA_Q10 **(How often is each of the following kinds of support available to you if you need it:)**

... someone who hugs you?

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

SSA_C10 If SSA_Q10 = 2, 3, 4 or 5 then KEY_PHRASES22A = “to hug you”.

SM_Q11 **(How often is each of the following kinds of support available to you if you need it:)**

... someone to get together with for relaxation?

- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

- SSA_C11 If SSA_Q11= 2,3,4 or 5 then KEY_PHRASE23A = “to relax with”.
- SSA_Q12 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone to prepare your meals if you were unable to do it yourself?
- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R
- SSA_C12 If SSA_Q12 = 2, 3, 4 or 5 then KEY_PHRASES21A = “to prepare your meals”.
- SSA_Q13 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone whose advice you really want?
- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R
- SSA_C13 If SSA_Q13 = 2, 3, 4 or 5 then KEY_PHRASES24A = “to advise you”.
- SSA_Q14 **Again, how often is each of the following kinds of support available to you if you need it:**
- ... someone to do things with to help you get your mind off things?
- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R
- SSA_C14 If SSA_Q14 = 2, 3, 4 or 5 then KEY_PHRASES23A = “to do things with”.
- SSA_Q15 **(How often is each of the following kinds of support available to you if you need it:)**
- ... someone to help with daily chores if you were sick?
- 1 None of the time
 - 2 A little of the time
 - 3 Some of the time
 - 4 Most of the time
 - 5 All of the time
- DK, R

